

CHEMIST & DRUGGIST

The newsweekly for pharmacy

October 23, 1993

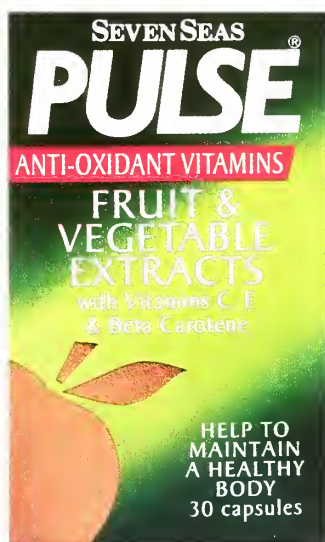


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Health Care

NI aims for CE target of 20 hours

Bottomley wants faster POM to P product moves

Lincs hears of hidden agendas

Oundle store in C&D profile

Scotia on brink of share offer



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CHEMIST & DRUGGIST

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Telephone: 0732 364422
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Subscriptions: Home £100 per annum. Over-
seas & Eire £140 per annum including postage.
£2.10 per copy (postage extra).

ABC

Member of the Audit
Bureau of Circulations

in

A United Newspapers publication

Thisweek

VOLUME 240 NO 5904 134th YEAR OF PUBLICATION

ISSN 0009-3033

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Comment

Noel Baumber used his slot last weekend at the Lincolnshire Local Pharmaceutical Conference to suggest that pharmacy's main representative bodies were no longer keeping pace with the changes meted out to the profession. He also said the democratic institutions in pharmacy represented too many differing types of interest to be an effective leadership (p720).

Mr Baumber believes the Pharmaceutical Services Negotiating Committee needs and would get new blood in its Spring elections, and that the National Pharmaceutical Association had a moribund branch system, a too low-turnover Board and too high a representation on the PSNC (five places out of 25). The Royal Pharmaceutical Society got off scot-free, as far as Mr Baumber is concerned — but not so in a letter to be published next week.

Brian Simpkins and Michael Richard, Herts LPC chairman and vice-chairman, dismiss president Nicholas Wood's "concern" for the profession post-pay imposition, and wonder how he can be pleased that the settlement was an interim arrangement. The Herts men target the NPA, alleging that their five representatives cast their PSNC votes in favour of accepting the Health Department's offer (a point also made at the Lincs Conference) as well as PSNC's negotiating effort for 1993-94. They suggest that the RPSGB, the NPA and the PSNC are threatened with extinction, along with a "vast swathe of the profession", unless they react and reform — or are reformed.

The point about democracy is that power is in the hand of the people through their votes, single, transferable or otherwise. The procedures that pertain to those bodies exist to ensure fair play and equitable government — archaic, cumbersome or biased as they may be. But they can be changed. If the profession harks to Ashwin Tanna's concern about NPA Board members having too little current every-day work experience of community pharmacy practice, they should sign his petition — he only needs another 100 or so proprietor signatures to make the 950 needed to call an EGM! If the profession thinks PSNC members have too many vested interests, are lacking in fresh ideas or political skill and clout, then they should look hard and long at who they can elect next Spring from among the LPC representatives. And, of course, one-third of Council will be up for re-election...

Make no mistake, the profession gets the leaders and the institutions it deserves. Personalities and constitutions can be changed, but it takes a collective will and effort.

New bodies come and go. The Pharmacy Support Group has achieved much in a short time and — claiming to represent almost one-fifth of pharmacies — promises to achieve much more. The elected "leaders" on all three bodies have given much, have achieved much and may achieve more — but the profession must decide whether anyone or any body and its rules have reached their sell-by dates, or back them to the hilt.

'Green List' is PSG's latest initiative

The Pharmacy Support Group has unveiled its latest initiative which aims to promote a mutually beneficial relationship between pharmacists and medicine manufacturers.

The so-called Green List is being introduced to "enable pharmacists to enjoy an honest and open relationship with manufacturers and suppliers by promoting P medicines with mutually acceptable benefits", says chairman Hemant Patel.

As its backbone, it will provide justification for P medicines and margins, the deregulation of medicines and competition between rival brands on a level playing field, he explains.

Manufacturers will provide planograms, display material and training information to give more consistent support. It is hoped they will also give adequate profit margins to retailers; a basic level of 33.3 per cent is suggested. In return, manufacturers would have better co-operation with pharmacists, better promotional support and distribution.

"Pharmacists would be able to ask reps if a product was on the Green List, then they would know it had fulfilled a certain criteria. This would reduce negotiating time on both sides," says Mr Patel.

A couple of major companies have already expressed some interest in the scheme.

Pharmacists will gain increased confidence in the products and the ability to give better advice to patients. This will not only enhance their reputation but will boost the sales of P medicines. The consumer will be given advice which is consistently good, Mr Patel explains.

It is also hoped that pharmacists will be willing to participate in on-going consumer research sponsored by manufacturers.

N Ireland sets target of 20 hours of CE by 1996

By 1996, every pharmacist providing NHS services in Northern Ireland should be participating in 20 hours of continuing education annually. By 1999, the figure will have increased to 30 hours a year.

That is one of the main recommendations of a working party report into the future of continuing pharmaceutical education in Northern Ireland. The report, accepted by the Northern Ireland Committee for Postgraduate Pharmaceutical Education and Training (CPPET), is currently being circulated to all pharmacists in Northern Ireland for information and comment.

As a first step for 1993-94, CPPET should establish measurable targets for individual participation, total contact hours

and hours of education opportunity, says the report. These levels will be set initially at 10 per cent above participation levels for 1992-93.

The working party report, which lists 29 recommendations, also includes a survey which asked pharmacists in Northern Ireland about their continuing education activities and needs.

Lectures, workshops and workbooks were perceived as being among the most useful methods of education, a fact which differed from a similar survey in 1984 where workbooks were not well regarded. Computer-assisted learning is not popular overall, especially with community pharmacists.

The report asks the Pharmaceutical Society of Northern

Ireland to consider ways in which it can give a lead to stimulate participation in CE, particularly by recommending a specific annual commitment to it, with more strictly defined regulations for preregistration pharmacists and their tutors.

A pilot study in the use of an educational facilitator should be introduced and CE programmes should be formally accredited and certificates awarded, the report recommends.

"The current locum allowance should be urgently reviewed as a first step towards eliminating this particular financial disincentive to participating in CE," the report continues.

Consideration should also be given to European proposals, particularly the introduction of a

Report calls for more patient information

The patient must derive the greatest net health benefit from their medicines by using them properly, says a report out this week from the International Medical Benefit/Risk Foundation.

This is the responsibility of the whole healthcare team, not any individual members, it adds.

Multi-media was the buzzword of the day — getting information across in the form of leaflets, videos and counselling from the doctor, pharmacist and nurse. One method alone does not work, according to Dr Kenneth Rabin, managing director of US-based Interscience Communications.

In the US, Dr Rabin said up to 25 per cent of hospital admissions may be due to an error in taking medicines. It is time for patients to have a more informed choice, the report says, with knowledge of the risks and benefits of the care available to them.

International studies have shown that throughout Europe, Japan and North America, 50 per cent of patients fail to take their medication properly.

Suggestions for conveying warnings to patients in simple language included: "Some people taking this drug feel nauseated for the first day, but then get over it. Try to continue taking the drug as prescribed, to gain full benefit."

In the US, a policy has been introduced known as the "Brown Bag Program", which involves patients putting all their medication into a brown bag and taking it back to the pharmacy or a designated centre. Here the pharmacist will go through all the medication with the patient to sort out any expired drugs or discontinued treatment. They also look at any interactions that may occur.

Product recall

Scientific Hospital Supplies have issued a product recall following information that some cans used in their products may be contaminated.

Stocks of products bearing the following batch numbers must be returned to suppliers for replacement free of charge.

- Analog XP: 31203, 31109, 31110
- Maxamum XP: 31059, 31060, 31062, 31184
- Maxamum XP Unflavoured: 31078
- Maxamaid XP: 31121
- Super Soluble Duocal: 31294, 35836
- Kindergen Prod: 31083
- Pepdite 2+: 30792, 31096, 31198
- MCT Pepdite 2+: 31098
- Analog XPXT: 31347
- Pepdite 0-2: 30793.

An advice line is available on 051-228 1992.

C&D Price List Selected List identifiers

To help subscribers deal with the increasing number of items on the NHS Selected (or black) and Borderline Substances Lists, the C&D Price Service has added identifiers to the relevant brand entries.

The identifiers chosen are "SL" for Selected List and "BL" for Borderline Substances List, and will appear to the right of the brand entry. Pharmacists should consult the Drug Tariff for the circumstances in which Borderline Substances may be dispensed on NHS prescriptions.

The 600-plus additions and amendments announced by the Government in August and confirmed last week are included in the new service, which begins with the November edition of the *C&D Monthly Price List*. The "Guide to the Limited List" will no longer be published.

Imposed pay package is condemned

When the Commons reassembled on Monday, Liberal Democrat MPs attacked the Government for failing to agree on a remuneration package for community pharmacists in England and Wales.

They tabled a Parliamentary motion that the imposed settlement for 1993-94 could jeopardise the future of many small pharmacies. They called on the Government to "think again before the decision is implemented and to re-open

negotiations with the PSNC".

● Nigel Griffiths, Labour shadow consumer affairs minister, has renewed his campaign against "profiteering perfume companies". He has tabled a Parliamentary motion claiming that purchasers have to pay as much as £31 for ingredients worth £1.57.

"The perfume industry is talking rubbish when it says the currently high prices make perfume a high class product," says Mr Griffiths.



Successful restorations

A pharmacist struck off for "peddling" anabolic steroids to body-builders at the time of the notorious David Jenkins drugs scandal has won back his right to practice again.

Halil Ozdemir, 38, had been found guilty by the Statutory Committee in 1988 of selling the steroids without prescription to two men, including the then British body-building champion.

Mr Ozdemir, of Woodside Road, Wood Green, had admitted supplying steroids when interviewed by Society drug inspectors. He later withdrew his admission at a hearing of the Statutory Committee, but was found guilty of misconduct and had his name erased from the Register.

At the restoration hearing, Mr Ozdemir admitted he had not told the truth at the previous hearing and that he had sold steroids to professional body-builders without prescription.

Chairman Paul Flather QC told him that six or seven years ago he had done "a very foolish thing which you now have had a chance to think about".

• A Midlands pharmacist struck off in February 1991 for supplying "obnoxiously high levels" of codeine linctus has been successful in his bid to be restored to the Register.

Delano Young, 43, of Harringay Drive, Norton, Stourbridge, was struck off after being unable to account for more than 355 litres of the linctus ordered and received between July 1, 1988 and January 31, 1989 at his pharmacy at 45 Church Street, Bilston.

At the restoration hearing, Mr Young told the Committee: "I have learnt a very hard lesson in a very hard way. It will never happen again."

He said he has since sold his practice and was unemployed, although he had done some voluntary, unpaid work at other pharmacies in the area.

broadly based, accredited, post-registration period of vocational training for hospital and community pharmacists.

The Northern Ireland CPPET is called on to nominate a review group to meet annually which would review the current pro-

vision of continuing education courses, identify which courses require updating and preview future plans.

Remuneration changes 'will lose £50 million of profits'

Changes in the way pharmacists are paid to dispense drugs on behalf of the NHS have resulted in "lost profits" of £19 million for the country's top five pharmacies, according to a report. As Drug Tariff changes have yet to have their full effect, these changes are predicted to lose pharmacies around £50 million in profits.

The report, published by Verdict Research, says that the large number of small, overlapping pharmacies which are low-volume, high-cost outlets, is one reason that has prompted the Government's moves to restructure remuneration. Verdict believe that the country's 12,000 pharmacies are likely to be rationalised, although they argue that the public should not suffer as a result.

"There may be scope for some pharmacies to be integrated with GP practices, taking part of their workload and helping to manage drug budgets," says the report. "This would further distance small pharmacists from a retail role.

"All this is likely to be good news for the multiples which would gain more revenue if smaller, low-volume pharmacies were no longer supported by the Health Service."

Market trends and NHS reforms seem to be leading to two pharmacy types: those within or adjacent to GP surgeries and those in high traffic flow locations like shopping centres or supermarkets, the report finds.

The former are largely independently run with the latter more likely to be part of a chain.

"Industry sources suggest that most chemists are only making a 1 per cent net margin. Armed with a National Audit Office report suggesting that there are too many small, overlapping pharmacies in urban areas, the Department of Health may well

sanction remuneration changes leading to a pruning of outlets."

The report finds that the pharmacy sector is still the preserve of the small businessman. Last year 70 per cent of outlets were single units or chains of fewer than five shops. Three-quarters of the remaining 30 per cent are operated by seven chains of over 50 branches.

Grocery retailers are interested in developing their network of in-store pharmacies, says the report. The big three — Sainsbury, Tesco and Safeway — currently have 145 stores and are seeking to make further inroads.

• **Verdict on Retailing Chemists & Drugstores 1993** (£725) is published by Verdict Research Ltd. Tel: 071-404 5042.



Pharmacists in Barnet have been offering free lung function tests to coincide with 1993 Asthma Week. Using equipment supplied by Vitalograph, the pharmacists, all part of Barnet's High Street Health campaign, showed customers how to measure their peak flow. Gerald Zeidman is seen demonstrating the use of the peak flow meter at his pharmacy in High Street, Edgware

Nightclothes defence in pharmacy raid

A West country pharmacist dressed only in his nightclothes single-handedly took on three robbers.

Ciaran O'Gallagher, 35, was asleep above his Plymouth pharmacy on October 6 when he was woken by the sound of glass being broken. Running downstairs, he confronted the robbers as they ransacked his shop.

Lunging at one man, he sent him flying but the robbers fled in a car — not before the pharmacist had grabbed a plant pot

and thrown it at the rear window.

Mr O'Gallagher said the burglars, who broke in by throwing a manhole cover through a window, had gone for temazepam.

"I managed to grab the bag with the drugs in it but it split and sent tablets everywhere," he said. "I think there were more tablets on the pavement than in the bag, but they still took around 500."

Following the raid, Mr O'Gallagher said he was thinking about putting steel shutters up at his pharmacy.

Further cuts sought in POM to P timescale

Health Secretary Virginia Bottomley is seeking a further reduction in the time it takes to switch medicines from POM to P.

As well as the annual January to December timetable, during which companies can have their "switch" applications processed, there will also be another cycle running from July to June.

"Companies will therefore have double the opportunity of making progress in this important field," Mrs Bottomley told the Medicines Control Agency's annual symposium last week.

She has also asked the MCA to consider options for reducing the timescale to less than 12 months. But she warned that greater availability must not lead to reduced safety.

"Safety remains the key consideration in all decisions on reclassification," she insisted. "We would not hesitate to switch a product the other way — from P to POM — if the safety data called for it. I can assure you that the arrangements for such a switch are even faster than those for changing from POM to P."

Mrs Bottomley praised the



Mrs Bottomley: opportunity

MCA for being the fastest assessor of new drugs in the world. In addition, a fast-tracking system enabled medicines of special importance to be granted licences in the minimum time possible, and the Agency had made enormous progress in its handling of abridged applications.

This performance was appreciated by pharmaceutical companies, who consistently chose the UK as lead rapporteur in EC licensing procedures, she

said. In 1992-93, the MCA acted as rapporteur for 37 per cent of EC multi-state and 44 per cent of EC concertation procedures.

"There are not too many areas of our national life where the UK consistently wins 40 per cent of European work," Mrs Bottomley said.

The MCA has now achieved full financial self-sufficiency through fees charged to its users and was approved for trading fund status last April. Only seven of the 91 executive agencies established within Government have achieved this status.

"This says a lot about the MCA's record in financial management," she observed.

Turning to industry deregulation, Mrs Bottomley said the MCA was committed over the next 18 months to reviewing the 60 Regulations and dozen or so EC Directives it administers. A taskforce has been established to draw up deregulation proposals.

"We shall be taking the taskforce's suggestions very seriously," she said.

The MCA has already launched a project to tackle the priority targets identified over the next

year, and will publish a code of practice on how it proposes to act as a regulatory, and where possible deregulatory, authority. The code will be published next year.

One example is an easing of the rules relating to clinical trial exemptions, which should help reduce industry's burdens and make the UK more attractive for R&D investment.

Looking ahead, Mrs Bottomley said it seemed likely that the EC's Future Systems for Medicines Licensing would come into operation during 1995, perhaps as early as January 1. Decisions on medicines to be allowed on the UK market would no longer rest exclusively with the UK licensing authority, and the MCA would have to compete with other EC bodies over drug evaluations.

London's hopes boosted as EMEA's home

London is the "overwhelming" first choice as the site for the new European Medicines Evaluation Agency (EMEA), finds a new survey.

The support, in a poll of almost 40 international pharmaceutical companies, is a welcome boost in the run-up to the decision on a base for the EMEA, due to be made in Brussels on October 29.

Companies from the US, Japan and Europe were polled on the 13 key features needed for the location of the new licensing authority, and asked how the seven cities in the running fared against these criteria.

Provisional results showed that, for every feature, the number of votes cast for London was greater than for any of the other cities.

Announcing the results at a reception in Brussels on October 18, Secretary of State for Health Virginia Bottomley said: "The degree to which London was the preferred location was so overwhelming that the total number of votes cast for London across the 13 features exceeded the total number of votes cast for all the other cities put together by a factor of nearly four to one."

"What this shows very clearly is that the international pharmaceutical industry rates London as the best place for the EMEA. It is never a bad idea to give the people most concerned what they want."

Another good year for the MCA

The Medicines Control Agency has had a very good year, chief executive Keith Jones told the MCA's annual symposium.

Most high-level targets were achieved and several had been exceeded. Licensing performance improved, assessment times were reduced, quality of decision

making maintained and licensing backlogs were eliminated.

The mean assessment time for processing new active substances (NAS) was 72 days (compared with 115 days in 1991-92) and all were processed within the target time of 132 working days. The present mean assessment time has been reduced even further to 58 days, Dr Jones said.

During 1992-93, the MCA assessed 36 substances, representing 79 licences, and one new chemical entity was granted fast track status. Seventeen NAS appeals to the Committee on Safety of Medicines were assessed in a mean time of 51 days.

Abridged product licence applications for established drug substances increased by 16 per cent to 823, and 84 per cent reached full professional assessment within 60 days of validation.

There were nearly 9,500 applications for licence variations, compared with the record 11,000 the previous year. But despite pressure on staff, 66 per cent were completed in six weeks and 80 per cent in ten weeks.

Dr Jones went on to say that rapid response to drug safety concerns remains a high priority. There was a 14 per cent increase

in the number of UK adverse drug reaction reports this year (21,772 compared with 20,114 in 1991-92). Of these, 89 per cent came from doctors and the rest from the industry. A further 6,443 foreign ADR reports were received from drugs companies.

The MCA entered 90 per cent of serious ADRs on to the ADROIT (adverse drug reactions on-line tracking) database within 72 hours, to screen for early warnings of previously unrecognised toxicity; 85 per cent of the rest were entered within seven days (target 90 per cent in seven days).

Targets for this year are to enter 90 per cent of fatal ADRs on to ADROIT within 24 hours and the rest in 72 hours; 90 per cent of serious ADRs within 72 hours and the remainder in seven days; and 75 per cent of any other ADRs within seven working days, the rest in ten days.

Costs in the year to March 31 were £1 million below target at £18.5m and revenue £2m above target. The £3.1m surplus enabled 1993-94 fees to be frozen.

• The MCA has published *Towards Safe Medicines: a guide to the control of safety, quality and efficacy of human medicines in the UK* (HMSO, £7).



The latest issue of *Wellbeing*, the National Pharmaceutical Association's magazine for pharmacy customers, will be sent out to members on October 25. The Autumn issue includes articles on thrush, pelvic pain, skin problems, contact lenses and a feature "How to win the cold war"

Next LPC meeting in February

Local pharmaceutical committees are to meet next on February 24, 1994, at the Grosvenor House Hotel, London.

The day will follow the usual format of a conference and workshops during the day, with the annual Pharmaceutical Services Negotiating Committee dinner in the evening.

The chief guest at the evening function will be the Secretary of State for Health Virginia Bottomley.

Pharmacists in survey of retail crime

The British Retail Consortium is carrying out a large-scale survey of retail crime. The National Pharmaceutical Association is randomly selecting 650 of its members to take part in the survey, which will cover all aspects of crime ranging from shoplifting and staff theft to arson and armed robbery.

NPA director Tim Astill, who is also a committee member of the BRC, says: "Retail crime is accelerating but nobody knows the scale of the problem."

The survey form, which will take about 20 minutes to complete, will be sent out to outlets across the retail spectrum — small independents, multiples and supermarkets.

Premises rise again in September

The number of premises registered with the Royal Pharmaceutical Society rose by 11 in September to reach 12,039. It is the fourth month in a row that the figures have shown an increase.

Figures for England showed the highest increase, with 19 additions and 11 deletions, bringing a net increase of eight.

The number of new owner changes was high, with AAH Retail Pharmacy Ltd's takeover of six premises from Healthcare (N.E.) Ltd, 17 from Hill-Smith (Warrington) Ltd and 18 from Clark-Care Group Ltd based in Kent and East Sussex.

In London there were three additions and two deletions to the total registered. In Wales there was an increase of two (three additions, one deletion) and in Scotland there was no overall change (one addition, one deletion).



Voting Conservative can damage your health

The pay settlement for 1993-94 has predictably been imposed, and all those months of reasoned argument have come to nothing in the face of our political weakness and a Government whose morals are better suited to Victorian England than the last decade of the 20th century.

1993 is now water under the bridge and, as well as not being refunded the expenses necessarily incurred in fulfilling my contract, I have also to find extra funds to pay for practice leaflets and health education displays. There is nothing I can do to prevent this gross injustice, but I have a long memory and do remember that once every five years the Government is required to obtain a fresh mandate from the electorate.

Religion and politics have always been taboo subjects for debate with my customers but, as of now, politics is back on the agenda. I will not be voting Conservative at the next general election and I fully intend informing my patients of that fact.

Not only will I be producing my required practice leaflet, but I will also print my own health education leaflet entitled quite simply *Voting Conservative can damage your health*. The contents I will leave to your imagination, but it will be actively distributed to all customers as well as receiving prominent display

with all my other health education material.

Now, what if 10,000 other community pharmacists acted similarly....?

A lack of objectivity

I am beginning to wonder if David Dickinson's talents as editor of *Which? Way to Health* are wasted and he should really be aspiring to the higher ranks of the tabloid Press!

He is under the impression that he can be judge and jury to the profession of pharmacy and, despite the 100 per cent evidence to the contrary reported in his own magazine, still maintains that pharmacists are unable to give objective advice because they benefit financially from the products they sell (*C&D* last week p666).

How, pray, are we expected to make a living? Perhaps we should give the goods away for free and then ask for contributions to be placed voluntarily in the pauper's box! True vocations do not exist, but I truly believe that pharmacists conscientiously practise their profession by putting their patients' welfare first.

David Dickinson occupies a responsible position as editor, and should demonstrate the objectivity he accuses us of lacking. By his continued public prejudice against community pharmacy, he patently fails his own defined standards so should now do the honourable thing and resign.

Get stuck in there!

Modern surgical adhesives do seem kinder to the skin than the glues of old which I remember as leaving a permanent imprint of their presence over every inch of my youthful anatomy. In those days a small bottle of ether meth was required stock for our bathroom cabinet, to be replaced in later years by Zofi.

Then solvent abuse reared its ugly head and these products rapidly become *persona non grata*. Understandable, I agree, but nevertheless those plaster glues still have to be removed and the alternatives of a good scrub with surgical spirit, or shares in Smith & Nephew's replacement sachets, has never been an acceptable alternative.

Now Essential Nutrition have launched En-Solv, which is derived from the peel of citrus fruit and, at £3.08 for 100ml, is a reasonable price for recommending to my sticky customers. I know the market is not huge but it should achieve steady sales when displayed in that long, empty gap on my plaster shelf.

More power to the ASA

Controls on advertising are best left to voluntary regulation. And the Advertising Standards Authority does try its best but, as I have stated before, it can only act retrospectively after a complaint.

Just such a case was highlighted in the *Today* newspaper on October 13, when it claimed credit for exposing the advertising of papaya slimming pills which were "in flagrant breach of the code".

The problem not stated by the newspaper was that these advertisements had initially been accepted by newspapers or magazines for publication and that, by the time the Authority's adjudication had been made, the perpetrators were laughing all the way to the bank, with their victims only slimmer by many pounds sterling!

The voluntary code is effective when adhered to, but it is the enforcement which is so open to abuse. Newspapers and magazines derive their principle income from advertising and it must, therefore, be their responsibility to ensure that advertisements do comply with the voluntary code.

If the ASA finds that an advertisement has been accepted which is "in flagrant breach of the code", then it should be given power to fine the publishers and hurt them where the consumer has already been irretrievably hurt — in their pocket!

Topical REFLECTIONS

Medical matters

Reassure the elderly about flu vaccination

Influenza is associated with considerable morbidity and mortality in the elderly. But uptake of the flu vaccine in the elderly population is low, partly because patients are worried about the side-effects.

A study, published in the *British Medical Journal*, has found that only local side-effects were more common in vaccinated elderly patients, and all side-effects of the flu vaccine were mild and transitory.

The randomised, double-blind,

placebo-controlled study compared the frequency and type of side-effects after vaccination in 904 patients aged 60 or older, with a placebo group of 902 patients.

Adverse reactions were reported by 23 per cent of patients in the vaccine group and 14 per cent of patients in the placebo group. A significantly higher proportion of the vaccine group than the placebo group reported local side-effects (17.5 per cent against 7.3 per cent).

Among subjects who had previously been vaccinated, there was no significant difference in the number of adverse reactions in both groups.

The difference between the effect of vaccination in the vaccine and placebo groups decreased as age increased. Women reported substantially more side-effects than men (30 per cent against 15 per cent). The authors say although this difference between men and women is still unexplained, it should be

recognised in future studies into side-effects.

The authors of the study say elderly patients can be reassured about side-effects of vaccination.

Gopten helps hypertension

Knoll, manufacturers of Gopten (trandolapril), the ACE inhibitor launched in June, say a long-term clinical study confirms that it can control blood pressure in overweight patients just as effectively as it does in lean patients.

But it is possible that this effect is a class action, common to all ACE inhibitors, as there have been no studies directly comparing trandolapril with other ACE inhibitors in overweight patients.

A study has found that, in overweight hypertension, plasma renin activity is higher than in non-overweight hypertension. Low-dose captopril produced a slightly greater reduction of blood pressure in overweight hypertensives than in non-overweight patients.

The response of overweight hypertensives to anti-hypertensive therapy has been shown to be significantly worse than that of lean patients.

Trandolapril is one of the most lipophilic ACE inhibitors, said to result in good tissue penetration.

Refocus healthcare on malnutrition

A fundamental shift in the attitude of caring professions towards malnutrition is needed, according to Professor John Lennard-Jones, chairman of the British Association for Parenteral and Enteral Nutrition.

Speaking at a meeting in London, he said: "We may be haunted by the spectre of famine in the Third World. But not many people realise that in our relatively affluent country there are many weak and wasted people who are severely malnourished as a consequence of illness."

He stressed the importance of a team approach to the problem involving doctors, nurses, dietitians, pharmacists and other healthcare workers.

As the number of patients on home enteral nutrition increases,

GPs and other primary care workers will need to provide greater clinical nutrition support for patients, creating a need for multi-disciplinary nutrition teams (of doctors, pharmacists, nurses and dietitians) in hospitals and in the community.

Latest data shows almost a doubling of home enteral nutrition over a 12-month period, with 353,000 patient days of home enteral feeding in 1992 compared to 193,000 in 1991, and further increases are predicted for 1993.

Recent studies have indicated that there is a considerable degree of undernutrition among the elderly, both in the community and in residential homes, according to Dr Valda Bunker, who has conducted research in this area. It has been suggested

that this undernutrition may contribute to morbidity and mortality in the elderly.

Problems for the elderly include the increased use of drugs which interfere with nutrition, for example, laxatives. Many are housebound or live far from shops which makes fresh food difficult to obtain, said Dr Andrew Macdonald Brown, a GP with experience of dealing with nutrition in the community.

Weight loss of more than 10 per cent, associated with illness, will result in measurable deterioration in muscle strength, respiratory function, the ability to resist infection and wound healing, according to Dr Simon Allison, consultant physician at the Queen's Medical Centre, Nottingham.

Script Specials

Purified Metrodin for infertility

Serono Laboratories are replacing their current formulation of Metrodin with two strengths of Metrodin High Purity (highly purified urofollitrophin), the first highly purified human follicle stimulating hormone (hFSH) preparation containing more than 95 per cent of pure hFSH.

Metrodin High Purity is indicated for either hypothalamic dysfunction in women who present with oligomenorrhoea or amenorrhoea or the induction of multiple follicular development in patients undergoing *in vitro* fertilisation.

A commonly used starting dose is 75-150IU hFSH daily, increased or decreased by 37.5IU at seven or 14-day intervals according to the response. For IVF, the daily dose is 150-225IU hFSH, to a maximum of 450IU daily.

Metrodin High Purity can be given by subcutaneous or intramuscular injection.

The basic NHS prices for Metrodin High Purity 75IU are £18.62 for a single ampoule and £186.20 for ten. The 150IU strength costs £37.24 for a single ampoule and £372.40 for ten. Serono Laboratories (UK) Ltd. Tel: 0707 331972.

Aknemin capsules

Aknemin (minocycline) capsules are now available from E. Merck Pharmaceuticals in two strengths, 50mg (56, £17.20) and 100mg (28, £14.74). The recommended dosage of Aknemin is 50mg twice daily or 100 to 200mg once daily. It is contraindicated in pregnancy, lactation and renal impairment. Its absorption is not significantly affected by the presence of food or milk. Antacids and mineral supplements may reduce the absorption of minocycline and it can interfere with the activity of penicillin. **E. Merck Pharmaceuticals. Tel: 0420 564011.**

Retrovir IV infusion

The Wellcome Foundation is discontinuing Retrovir IV infusion

(5 × 10ml amps). The product will be reformulated as 10mg/ml in a 20ml ampoule. The new formulation will be classified as an unlicensed product available on a named patient basis pending product licence approval. Orders and enquiries for the unlicensed pack should be referred to the UK Medical Department. **The Wellcome Foundation Ltd. Tel: 0270 583151.**

Fibracol dressing

Although Fibracol collagen alginate dressing is primarily targeted at hospital clinicians, Johnson & Johnson say they are experiencing an increasing demand for this product in the community (5 × 10 dressings, £75.40). **Johnson & Johnson Medical. Tel: 0344 872626.**

BRITISH PHARMACIES MAKE £7,000,000 A YEAR PROFIT ON NUROFEN.

NUROFEN

WHAT'S YOUR CUT?

Obviously, the more Nurofen you sell, the more cash profit you'll get. To make sure your sales keep growing, we invest over £5 million every year in advertising Nurofen to your customers.

But TV and press advertising is only a part of it. Nurofen is also supported by an extensive public relations effort, a whole range of point-of-sale and educational materials, sales incentives – in short, by the entire resources of a major healthcare company, totally dedicated to your success.

So it's not surprising Nurofen, already the No.1 pharmacy analgesic, keeps growing each year.

Since your customers know they can rely on Nurofen to relieve all common OTC pain indications, there's no reason why it can't do even better. In fact, with your continued support, we know it'll continue to grow. As will your share of Nurofen's success.

NUROFEN
NUROFEN

A BREX



12 Tablets

A BREAKTHROUGH IN PAIN RELIEF

**When it's time to recommend,
there's nothing quite like it.**



NUROFEN 1983-1993 TEN UNRIVALLED YEARS

GO ON *increa*

YOUR MILK SALES 'TIL TH



CROOKES
Healthcare

sing

COWS COME HOME



Not surprisingly, Farley's milks are set to grow faster than the rest of the herd.

Repackaged and renamed, they're now the best looking and most easily understood way of increasing your milk sales.

Within a rapidly expanding market, we're confident these changes will make Farley's more popular than ever. Be prepared for a stampede.

SO FARLEY'S SO GOOD

Counterpoints

Bisodol offers heartburn relief

Bisodol Heartburn is a new product from Whitehall Laboratories which offers relief of heartburn.

Each cherry-flavoured tablet contains alginic acid 200mg, which prevents reflux of stomach acid into the oesophagus, as well as the antacids magaldrate 400mg and sodium bicarbonate 100mg.

Bisodol heartburn is available in pack sizes of 10 (£1.05) and 20 tablets (£1.89).

The launch is being supported by a £1.5 million television campaign which breaks in December. A consumer leaflet is available which gives information on the differences between indigestion and heartburn. **Whitehall Laboratories Ltd.** Tel: 0628 669011.

Wisdom's new Start

Wisdom's Start toothbrush has been given a new look with updated packaging, new colours and two-tone bristles.

Start is now available in fluorescent green, yellow, orange and pink with contrasting two-colour bristles. The toothbrushes are presented in clear packs. **Addis Ltd.** Tel: 0992 584221.

Heath & Heather give the facts

Responding to calls from consumers for greater information on herbal remedies, Ferrosan Healthcare, manufacturers of the Heath & Heather range, have launched a series of leaflets.

Highlighting their products Quiet Night, Becalm and Water Relief, the leaflets cover stress, PMS, fluid retention and sleeping problems. **Ferrosan Healthcare Ltd.** Tel: 0932 336366.



Oral-B add Indicator for kids

Oral-B have introduced a children's version of their Indicator toothbrush.

The Indicator filaments work on the same principle as the adult brush, gradually fading with use.

Brand manager Jenny

Phillips believes it will help parents to monitor their children's brushing habits.

A range of four designs (£1.65) is available: Dinosaurs, Dolphins, Stars and Jungle Scene. **Oral-B.** Tel: 0296 432601.



Pharmaton campaign goes underground

Windsor Healthcare are promoting their dietary supplement Pharmaton Capsules to commuters in a £250,000 London Underground poster campaign.

Using 350 sites, the campaign is designed to raise awareness of the brand in the key period in the run up to Christmas. **Windsor Healthcare Ltd.** Tel: 0344 484448.

Numark set own-label sights at dentures

Numark are launching their own-brand denture cleaning tablets with a special discount.

Each pack of 30 regular-flavoured effervescent tablets comes in a plastic tube which retails at £0.63. This gives a POR of 27 per cent

although initial orders will be further discounted to give a POR of 32 per cent.

Numark say that own-label denture cleaning tablets account for 12-15 per cent of a market estimated at £27 million. **Numark Management Ltd.** Tel: 0827 69269.

NPA solves the Christmas gift crisis

National Pharmaceutical Association members can solve their Christmas present crisis with a range of hampers and gift trays which are available from the business services department.

The NPA, in association with Academia, are offering hampers and gift trays to their members, created by the hamper specialists Spicers, ranging in price from £22 to £155 (+VAT). The price includes delivery, and orders for more than one product line for delivery to the same address qualify for discount.

Trefor Williams, head of

business services at the NPA, says the hampers would be suitable for business gifts, staff bonuses or as a prize in a Christmas raffle.

NPA members who return the order form (no purchase necessary) are entered in a free prize draw for The Emporium Hamper, worth £155. The draw will take place at Mallinson House on December 15.

The last date for orders for Christmas delivery is December 1 and the last date for New Year delivery is December 8. **NPA Services.** Tel: 0727 832161.

Halls soothe on TV

Halls Soothers celebrate their first birthday with a £3 million television campaign.

The campaign features the "Kiss your throat better" advertisement with an initial concentration on

the new orange variant. Makers Warner-Lambert hope to increase Halls Soothers' 11.9 per cent brand share of the medicated confectionery market. **Warner-Lambert.** Tel: 061-766 5471.



Smithkline Beecham are introducing display material in support of their recently relaunched Setlers Tums range. The tower dispensing unit, special show cards and shelf edgers are all designed to complement the new packaging. **Smithkline Beecham Health and Personal Care UK.** Tel: 081-560 5151



The Corsodyl spokesman

Corsodyl Mouthwash has the unequivocal recommendation of dentists.*

They know there's no better way for their patients to take care of gingivitis, or for that matter, conditions as diverse as aphthous ulcer, oral candidiasis and denture stomatitis.

They know that **Corsodyl's** active ingredient, 0.2%[†] chlorhexidine, sets it apart.

They know also that for all **Corsodyl's** clinical heritage its range is adapted for patient-friendliness, with a new spray as the latest innovation.

Corsodyl has recently been acquired by SmithKline Beecham Consumer Brands.

Speak to your SmithKline Beecham representative or telephone free of charge 0800-833000 for any further information or requirements.

CORSODYL

chlorhexidine gluconate

No Gingivitis. No Contest. No wonder dentists recommend it.



PRODUCT INFORMATION Consult Data Sheet before prescribing. **USE** Inhibition of plaque, treatment and prevention of gingivitis, maintenance of oral hygiene. Mouthwash and Mint Mouthwash are also indicated for the promotion of gingival healing following surgery and the management of aphthous ulceration and oral candidiasis. **PRESENTATION** Spray and Mint Mouthwash: A clear colourless solution containing 0.2% w/v chlorhexidine gluconate. Mouthwash: A clear pink solution containing 0.2% w/v chlorhexidine gluconate. Dental Gel: A clear colourless gel containing 1% w/w chlorhexidine gluconate. **DOSAGE AND ADMINISTRATION** Spray: Apply to tooth and gingival surfaces using up to twelve actuations of the spray twice daily. Mouthwash and Mint Mouthwash: Rinse mouth with 10ml undiluted for one minute twice daily. Prior to dental surgery, rinse mouth with 10ml for one minute. Dental Gel: Brush the teeth with one inch of gel for 1 minute, once or twice daily. **CONTRAINDICATIONS** Previous hypersensitivity reaction to chlorhexidine. Such reactions are, however, extremely rare. **PRECAUTIONS** For oral use only, keep out of eyes and ears. **SIDE EFFECTS** Occasional irritative skin reactions. Generalised allergic reactions to chlorhexidine have also been reported but are extremely rare. Superficial discolouration of the tongue, teeth and tooth-coloured restorations may occur. This usually disappears after discontinuation of treatment. Staining can largely be prevented by cleaning teeth or dentures before use but may sometimes require scaling and polishing for complete removal. Stained anterior tooth-coloured restorations which are not adequately cleaned by professional prophylaxis may require replacement. Transient taste disturbances, burning sensation of the tongue and oral desquamation. Very occasional parotid swelling. **PRODUCT LICENCE NUMBER AND BASIC NHS COST** 'Corsodyl' Spray (0029/0230) 60 ml (OP) £2.80 'Corsodyl' Mouthwash (0029/0124) 300 ml (OP) £1.25 'Corsodyl' Mint Mouthwash (0029/0201) 300 ml (OP) £1.25 'Corsodyl' Gel (0029/0080) 50g (OP) £0.83 'Corsodyl' is a trademark. **Legal Category P** Date of last revision March 1993. *Source: Milpra Independent Research, 1992. [†]Corsodyl Dental Gel contains 1% w/w chlorhexidine gluconate.

SB SmithKline Beecham
Consumer Brands

SmithKline Beecham Consumer Brands, Brentford, TW8 9BD, UK. Tel: 081 560 5151

• a leading authority on oral hygiene.

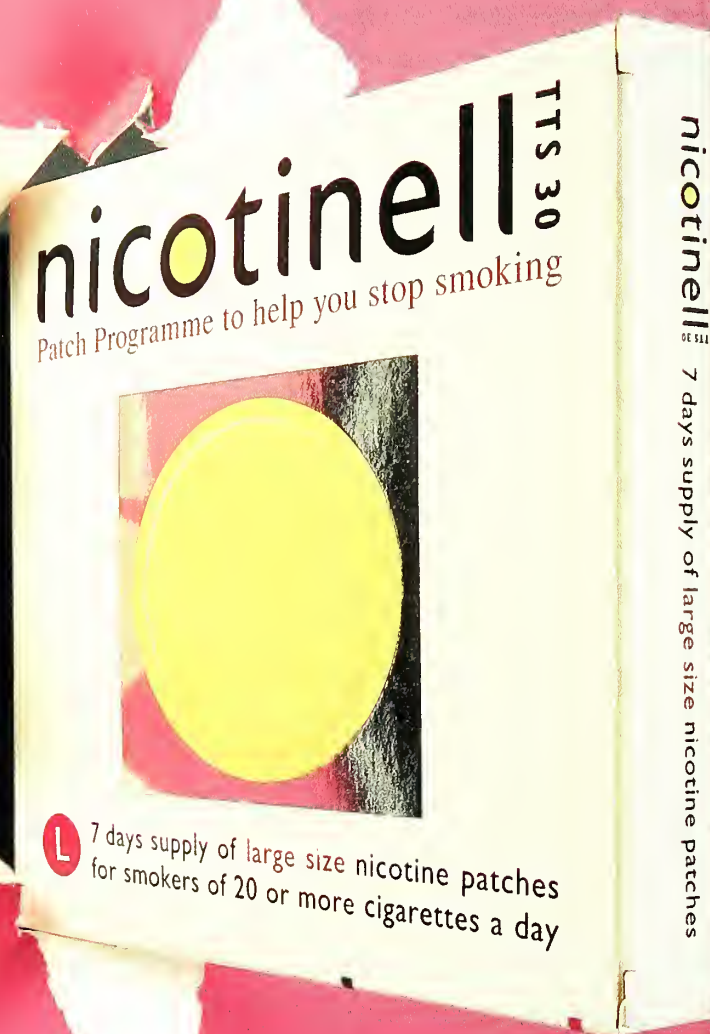
THE UK MARKET LEADER

- Best selling smoking cessation product ¹

- Leading nicotine patch in the prescription market ²

- Leading nicotine patch OTC ³

- Leader in TV advertising recall ⁴



MAKE YOUR PROFITS SWELL - RECOMMEND[®] NICOTINELL

1. Nielsen May/June 1993. 2. Scriptcount 4 weeks to 4 June 1993. 3. Based on number of sales events. Counterpoint, smoking cessation, retail data, Jan- June 1993. 4. Adwatch, Marketing 25 March and 1 April 1993.

Geigy



Specs Direct

Direct Perception are introducing two models of reading glasses.

The new ladies' model retails at £8.95 with the men's model at £7.95 (both shown top left). Both give a POR of 55 per cent.

The existing ladies' model (top right) is now available in a range of

colours and still retails at £6.95.

Direct Perception note that any customers having difficulty with their carousel display units may have received a unit without proper washers fitted and should contact **Direct Perception Ltd. Tel: 081-518 2685.**

Sales within the water filters market will top £60 million by 1997, according to new research by Mintel.

Carried out on behalf of Brita, the report shows that this market, which includes jugs and replacement cartridges, has grown by 288 per cent

since 1988 in value terms to top £31m in 1992.

The largest single retail outlet for water filters was Boots, with more than a third of all jugs and replacement

cartridges/filter sales. But the largest player in this market, with the

biggest brand share, was Brita, who use independent outlets such as pharmacies, drugstores and healthfood shops, rather than Boots "where rival products have secured a foothold". **Brita (UK) Ltd. Tel: 0932 770599.**

Duracell booklet supports Hearing Concern

Duracell have updated their advice booklet *You & Your Hearing Aid* in conjunction with Hearing Concern.

Available free, the booklet contains step-by-step help and practical exercises including hints, tips and checklists for progress.

For copies send a stamped, addressed envelope to *You & Your Hearing Aid*, Hearing Concern, 7/11 Armstrong Road, London W3 7JL. **Duracell (UK) Ltd. Tel: 0293 517527.**



Hermesetas is now available in granulated format. Featuring the improved "new taste", the product targets younger consumers, say Hermes Sweeteners. The granulated sector of the sweeteners market has grown 10 per cent over the past year (AGB Superpanel). The product will retail at £1.88 for a 75g jar. Jenks Group. Tel: 0494 442446

Parental guidance video

A video and information pack has been launched by SMA Nutrition, designed to help teach parents key child-rearing skills.

Welcomed by the Royal College of Nursing, topics covered in the 25-minute video, called *Feeding Your Child's Emotional Needs*, include love, acceptance, encouragement, active listening and sharing.

Comprehensive teaching notes are available for each facilitator, as well as a parental leaflet.

The video is ideal for use in clinics, community centres, parent and women's groups, as well as schools, according to the RCN. **SMA Nutrition. Tel: 0628 660633.**

Routinely

Simple constipation and other simple bowel irregularities are such a routine part of your workload, you need a treatment you can turn to regularly and routinely.

Turn to Fybogel Orange, routinely.

Fybogel Pharmacy Prescribing Information Indications: Conditions requiring a high-fibre regimen, eg relief of constipation and maintenance of regularity. **Dosage and Administration:** (To be taken in water) Adults and children over 12. One sachet morning and evening. Children 6-12 years: Half to one level 5ml spoonful depending on age and size, morning and evening. Children under 6 years: To be taken only on medical advice. **Contra-indications, Warning, etc.:** Fybogel is contra-indicated in cases

Fybogel Orange

Ispaghula Husk BP

Regular as clockwork

Ⓜ Reckitt & Colman Products Limited

of intestinal obstruction and colonic atony. Each sachet contains 3.5g Ispaghula husk BP and also contains aspartame. **Legal Category:** GSI **RSP Price:** At Jan '93 10 Sachets £1.25. **PL No.:** Fybogel 0044/0041 Fybogel Orange 0044/0068. Reckitt & Colman Products Ltd, Hull HU 7DS, from whom further information is available. Fybogel, Fybogel Orange, and the sword and circle are trademarks of Reckitt & Colman Products Ltd. Date of preparation: 13/07/1993

THRUSH

WHAT THE PHARMACIST SHOULD ADVISE

Vaginal thrush is no cause for worry or fear, but the pharmacist has an important role in advising women who suffer from this uncomfortable and sometimes embarrassing condition.

INCIDENCE OF THRUSH

Thrush is a common vaginal infection in women of child-bearing age. Forty-five per cent of women aged 16-60 have suffered an attack at some time in their lives and each year approximately four million women will have at least one bout of thrush, resulting in an overall total of more than 10 million episodes of thrush each year.

Known as vaginal candidiasis by doctors, thrush is caused by a yeast called *Candida albicans* which can be a natural part of the vaginal flora. Although *Candida* is a common organism, it can proliferate when there is a change in the environment of the vagina making the pH balance more alkaline, thereby encouraging the growth of fungi and resulting in thrush.

CAUSES OF THRUSH

There are several reasons why there may be increased alkalinity in the vagina. These include:



Menstruation: menstrual blood is an alkaline medium, making the vagina susceptible to the growth of fungi;

Pregnancy: hormonal changes lead to different sugar levels in the vagina which in turn allow the *Candida* organism to flourish;

Oral contraception: some doctors believe that the pill causes increased sugar levels in the vagina which again encourage the development of the thrush organism;

Sexual intercourse: thrush is not considered a sexually transmitted disease. However, the organism can be passed on if the man is carrying it on his penis. If this occurs, your partner should be treated for thrush;

Antibiotics: Using antibiotics can kill off some of the bacteria in the vagina which control its acidity level;

Tampons or uterine devices: These may damage the vaginal wall, making it more susceptible to infection;

Wearing tights or nylon underwear: synthetic fabrics can cause the vagina to become warm and moist, an ideal environment in which *Candida* can grow;

Perfumed soaps: Cleansing agents such as bubblebaths, deodorants and disinfectants can irritate the sensitive skin of the vulva, making it more prone to infections such as thrush.

THRUSH SYMPTOMS

The most common symptoms of thrush are itching and soreness of the vulva and vagina, sometimes accompanied by redness and swelling of the area. Many women experience an odourless

vaginal discharge rather like 'yogurt' or 'cottage cheese' and some women may experience vaginal dryness which can cause problems during sexual intercourse.

When consulted by a thrush sufferer, the pharmacist should remember that she is likely to be embarrassed about the problem and so a sympathetic and tactful response is needed. At the same time, it is essential to ask a few questions in order to eliminate the need for the customer to see her doctor.

If the answer to any of these questions is 'yes', the pharmacist should refer to a GP:

Is this your first attack of thrush?

Have you had more than two attacks in the past six months?

Are you pregnant or diabetic?

Have you had pain in the lower abdomen or when passing water?

Have you had any abnormal vaginal bleeding?

Have you ever had a reaction to a treatment for thrush?

If the customer answers 'no' to all the questions, you can recommend an OTC treatment.



HOME REMEDIES

Market research has shown that nearly one in five women try to self-treat the condition at home using 'remedies', revealing a considerable level of misunderstanding about the condition. There is no medical evidence to show that the bacteria found in natural yogurt can help restore the natural balance of bacteria and fungi in the vagina, yet many women use it, finding that it does at least offer some temporary relief of the itching.

Some women are concerned that poor hygiene is the cause of their condition and take more baths, even though poor hygiene levels have not been linked with thrush.

Home remedies, such as adding antiseptic to bath water or washing in cider vinegar, are also ineffective in combating thrush and can indeed aggravate the symptoms of itching and soreness.

OTC THRUSH TREATMENTS

Thrush treatments vary in form – pessaries, vaginal tablets or creams

belonging to the polyene or imidazole groups of drugs. Length of treatment can range from one to 14 days.

The most popular over-the-counter treatment is Canesten, an effective, single-dose, overnight treatment for vaginal thrush, available either as a vaginal pessary or as a vaginal cream.

This treatment starts to work overnight and within three days all the

symptoms will usually have cleared. Canesten 1 pessary is the traditional treatment – each pack contains a single pessary and an applicator. Canesten 10%VC is the soothing alternative – each pack contains an applicator pre-filled

with Canesten 10% vaginal cream. This is just as effective as the pessary but has the added benefit of a soothing cream, ideal for women who have the problem of vaginal soreness or dryness.

When recommending an OTC treatment, it is important the pharmacist explains that the pessary or cream should be inserted high into the vagina – by means of the applicator – as this is where the infection takes place. Using external creams such as Canesten 1%, intended for fungal infections such

as athlete's foot, will not treat the underlying infection but simply offer temporary relief from itching.

A recent survey conducted by Taylor Nelson Research shows that 93 per cent of pharmacists feel confident about diagnosing thrush, with 21 per cent saying they are very confident. Moreover, 7 out of 10 pharmacists are able to identify the symptoms of thrush correctly and recommend the right treatment.

The survey showed that, on average, pharmacists are consulted by three women each week seeking advice about thrush, and that 81% of pharmacists recommend either Canesten 10%VC or Canesten 1 pessary. Indeed, of the 200 pharmacists questioned, two-thirds said that they felt it was only necessary to refer less than a quarter of thrush sufferers to their GP.

HOW TO PREVENT THRUSH

Simple practical steps can be recommended to customers to prevent future occurrence of thrush:

- wear stockings instead of tights
- wear cotton underwear rather than synthetic fabrics
- wear loose fitting clothes and avoid tight jeans
- continue with normal personal hygiene
- use mild cleansing agents which are not heavily perfumed or medicated
- always wash and wipe from the front to the back
- wash and dry the vaginal area gently to avoid damaging the delicate skin
- use pads instead of tampons during menstruation
- women who are prone to thrush may need a thrush treatment if they are prescribed an antibiotic.

However, even if a woman follows all these procedures, she may still experience a bout of thrush, although the likelihood has been reduced.

CANESTEN PROMOTIONAL MATERIALS

Easy-to-understand patient leaflets about thrush and how to treat it are available from Bayer plc by writing to:

Canesten Leaflet Offer, Bayer plc, Strawberry Hill, Newbury, Berkshire, RG13 1JA.

Medicated Chap Stick soothes sore lips

The Chap Stick range is being extended with the launch of a medicated stick and gel for use on sore, chapped lips.

While sticks are the more recognised form of lip treatment, gels are more suitable for gentle application. Both forms contain sun protection factor four.

With a 22 per cent of the lipcare market and growth of 9 per cent for this year, makers Whitehall Laboratories hope the medicated range will further increase their share. The stick retails at £1.19 for 4.5g, the gel at £1.39 for 10g. **Whitehall Laboratories Ltd. Tel: 0628 669011.**



Harvest a bright range

Harvest Brights is a range of six new shades for lips and nails from Forsythe Cosmetics.

The gloss nail polishes and matching matte lipsticks vary in colour from red brown to deep chocolate. A special offer running until the end of the year gives retailers a free nail colour in a special

presentation pack, six lip colour testers and a "mini retailer" display unit and header card.

To qualify they must order three of each nail lacquers (trade £1.95, retail £4.50) and lip colours (£1.95, £4.50) from the range. **Number Five Supplies. Tel: 071-266 2247.**

Return to sheers at Aristoc

Aristoc launched a number of additions at the Hosiery Show last week.

Secrets (£2.49 for two pairs) are footsocks designed to fit inside shoes when tights are not worn.

With the emphasis on sheer hosiery predicted for Spring, Aristoc have added Sheer Clear (£3.99 for twin pack), Sheer Shine (£3.49 for two) and Sheer Control (£4.99 for two) tights.

Additions to its premium The Collection range include embroidered lace incorporated into hold-ups and tights. The successful Bodytoners control tights are now available in a larger 42-48in size.

In time for the party season are new Metallic Opaques (£3.99), available in five colours. Also new are Ultra Twenty, a 20 denier semi-sheer product. **Aristoc Ltd. Tel: 0773 716177.**

Philips cashback

Philips Haircare are offering a £5 cashback on their Touch 'n' Go hairdryer, diffuser model HP 4369 on purchases made between November 13 and December 24, 1993.

A show card with redemption leaflets will promote the offer at point-of-sale. **Philips DAP. Tel: 071-436 4888.**

leave the skin smooth.

It retails at £2.19 for the handle plus five disposable blades, and is supported by an advertising campaign which gets underway at the start of next year. **Personna International UK. Tel: 0602 794294.**

Bodymate hits the Clothes Show



The Bodymate wet shaver by Personna is being launched at the Clothes Show Exhibition in October.

Bodymate has an easy-grip, wide handle with twin blades and a lubricating strip to

Meltus' Winter first

The Meltus range of cough medicines is being advertised for the first time on television and in the women's Press this Winter.

Television advertising begins in November in selected regions. Press advertising also gets

underway in November and runs until next March giving a £1 million spend

Pharmacists can capitalise on the largest ever Meltus campaign with the introduction of a new point-of-sale package. **Seton Healthcare. Tel: 061-652 2222.**

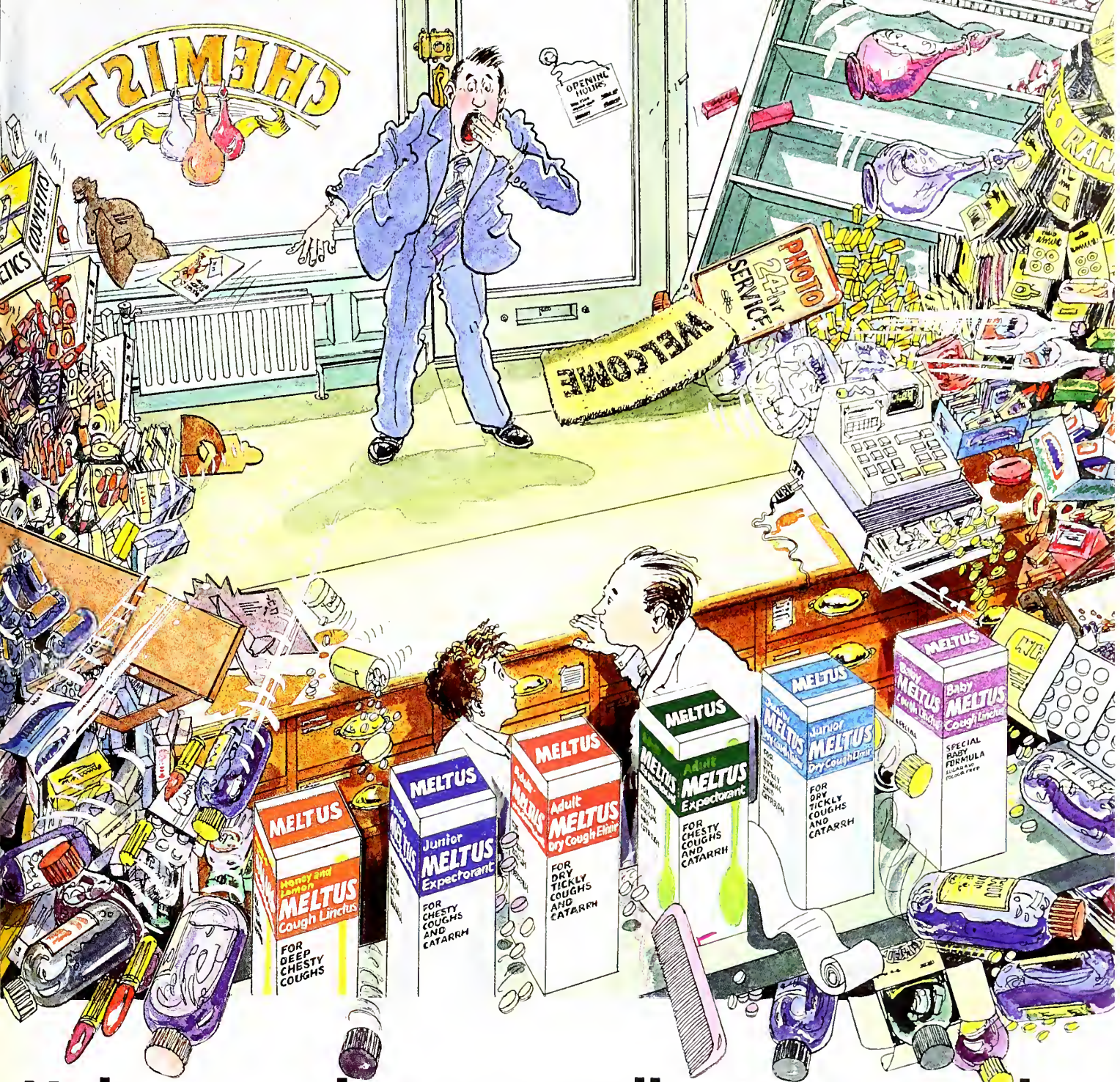


Search Dental Rinse has been relaunched in PET plastic bottles to minimise the likelihood of breakage. Each bottle now has a child-resistant cap and a tamper-evident cap sleeve. To coincide with this new look, makers Stafford-Miller have replaced the existing 200ml bottle with a better value 250ml size. Dental support for the range is taking place with posters and leaflets entitled "Three simple steps to prevent tooth decay and gum disease" on display in dental surgeries. **Stafford-Miller Ltd. Tel: 0707 331001**

On TV Next Week

GTV Grampian	C4 Channel 4	STV Scotland (central)
B Border	U Ulster	Y Yorkshire
BSkyB British Sky	G Granada	HTV Wales & West
Broadcasting	A Anglia	M Meridian
C Central	CAR Carlton	TT Tyne Tees
CTV Channel Islands	GMTV Breakfast	W Westcountry
LWT London Weekend	Television	

Askit:	STV, G
Colgate Total:	G, M
Lil-lets:	C, A, LWT, BskyB
Nicorette:	All areas except HTV, CTV, GMTV
Nicotinell patch:	All areas
Nivea Visage:	GMTV, BskyB
Nurofen:	All areas
Oruvail gel:	All areas except C4, GMTV
Palmolive 2 in 1:	All areas
Peaoudouce:	C4, GMTV
Rennie:	All areas except U, W, CAR, GMTV, BskyB
Slim-Fast:	All areas
Solpadeine:	GTV, TT
Synergie Essential Care:	All areas
Vosene:	GTV, STV, B, G, Y, C, TT
Wella Colour Confidence:	GTV, C
Wella Soft Colour:	B
Wrigley's Extra & Orbit:	All areas



Meltus stands up to really strong coughs

Meltus not only melts away the misery of coughs fast, but now it can also help increase your OTC sales, thanks to our strongest ever promotional support.

For the first time ever, Meltus is on TV and in full page colour advertisements in women's press.

The Meltus family of fast-acting cough

medicines provides warming, soothing relief for every type of cough.

Only available through pharmacies, Meltus gives your customers the effective choice they need and the profits you want.

Talk to your Seton representative about support material for this exciting campaign.

MELTUS

melts away the misery of coughs fast

ADULT Meltus Expectorant

200ml

Adult Meltus Expectorant

FOR CHESTY COUGHS AND CATARRH

Original
Guaiphenesin
and Honey
Linctus

CUPAL

FIRST TIME EVER!
£1 MILLION
ADVERTISING CAMPAIGN

Skincare treats at Woods of Windsor

Skincare soaps are the newest addition to the Woods of Windsor range of toiletries.

There are four soaps in the range, each presented in a differently designed box. They include Glycerine and Rosewater, Honey and Glycerine, Cucumber and Cold Cream and White Windsor Herbal Soap. The soaps all retail at £3.25 each for a 150g bath sized bar. **Woods of Windsor. Tel: 0753 855777.**



Sheer additions at Charnos

Charnos hosiery is being relaunched in new packaging to coincide with the introduction of their Spring/Summer '94 range.

New additions to the range are Natural Sheer tights (£2.50), available in seven shades. Sheer Lustre stockings (£2.85) are 10 denier and come in nine shades.

Satin Elegance (£4.50) are 20 denier tights, made from Tactel microfibre, giving a lustrous, satin appearance.

Skin Tight (£3.99) are 10 denier with a high Lycra content for a close fit. Shining Light Bodyslayer tights (£4.50) feature a control top.

The Bridal collection is being extended with the addition of a 10 denier lace top stocking with a bow trim (£6.99).

The Basics range is extended with the addition of 15 denier stockings (£0.95) and 10 denier hold ups (£2.25). **Charnos. Tel: 0602 322191.**

Ajax power

Colgate-Palmolive have introduced Ajax Concentrated multi-purpose cleaner.

The product can be used neat on small areas or diluted to clean floors and large surfaces. In a 250ml bottle, it retails at £1.89.

The launch will be supported by a £2 million television campaign in the New Year and Press advertising until December. **Colgate-Palmolive. Tel: 0483-302222.**

Jacko moves into fragrances

The latest celebrity to put their name to a fragrance is Michael Jackson.

Distributed in the UK by Dream Scent, there are two fragrances, Michael Jackson for Men and for Women. Both are eau de toilette only (60ml £11.06 plus vat).

Michael Jackson for Men has top notes of lemon, bergamot, neroli and thyme. Heart notes include sandalwood, patchouli, jasmin and narcissus. Base notes are oakmoss, citrus and musk.

Michael Jackson for Women has contrasting fruity and spicy notes of coriander, nutmeg and cloves. Heart notes are florals including jasmin, ylang ylang and orange. Base notes include amber, vanilla and patchouli.

In-store support for retailers will include a display outer holding six bottles of each fragrance plus two testers and a poster, which is on offer at £114.80 plus VAT.

Dreamscent Ltd. Tel: 0784 457212.

Soap stars take part in AIDS awareness video

Eastenders stars Gill and Mark, leading charities, health experts and the government have produced an educational video on HIV and AIDS for young people.

Based on the story of Gill and Mark shown in the series, and Gill's death from an AIDS-related illness, the video provides information on safer sex, as well as exposing myths

on how people become infected with the virus.

Aimed at 14-16 year-olds, the video retails at £12.99. The video and booklet with a free resource material pack is available for £14.95 by writing to: The Gill and Mark Story, PO Box 7, London W3 6XJ. **Educational TV Productions Ltd. Tel: 071-272 5958.**

Win instant prizes with Agfa

Agfa are offering consumers an "instant win" prize when they purchase special single packs of Agfacolor XRG film this Autumn.

The packs tie in with the Premier League and have special film sleeves which reveal prizes such as footballs, team shirts, free films and money-off incentives.

The special packs are available in either 100 or

200 ASA films with 24 and 36 exposures.

Football shirts and other prizes are redeemed at retail outlets.

The offer will be supported with point of sale and display material and advertising at football pitch perimeters and in a range of sporting magazines.

Agfa-Gevaert. Tel: 081-560 2131.

Roc cleanse and tone in one step

Roc have entered the 2 in 1 market with the launch of a combined cleansing and toning product.

Positioned as a convenience product for consumers who want time-saving solutions, 2 in 1 Cleanser (200ml, £8.45) combines a cleanser, freshener and eye make-up

remover in one product. A fast-acting and non-greasy cream gel formulation, it will remove make-up and impurities from the face and eyes, say Roc.

The launch will be supported by a counter merchandiser, sampling and promotions. **Roc. Tel: 0372 749223.**

3D glasses exclusive to Unichem

Unichem will be the only pharmacy outlets selling 3D glasses to coincide with the BBC's "Children in Need" appeal, which has 3D as its theme. In many areas these pharmacies will be the only place the glasses can be bought.

They have a normal trade price of £34 for 50, with £12.50 being donated to the charity. The glasses retail at £0.99 and special dispensers and point of sale material are available free from the BBC.

Leading offers for November include the Nivea range: 100ml cream (£7.06 for six), 150g moisturising soap (£5.88 for 12) and 250ml lotion (£7.98 for six).

Aquafresh is also on offer, with Fresh n Minty 50ml available at £5.55 for 12, and the 100ml pump at £6.39 for six. Shockwaves is reduced: 150ml gel (£13.26 for 12), 300ml

mousse (£11.99 for six) and 200ml hairspray (£7.48 for six).

Kleenex Tissues for Men Super 3 banded will cost £19.29 for 12 with Kleenex Travel Singles at £12.01 for 28.

A free video is on offer from Kodak with every twin pack of Kodacolor Gold II film purchased by consumers. Retailers also benefit with a reduced trade price of £22.10 for 5, £44.20 for 10.

In addition, Unichem have a series of Autumn offers which sees Benlyn Chesty Cough Linctus 300ml reduced (£30.94 for 12), Savlon Cream 15g (£5.40 for 12), Nurofen Tablets 12s (£15.56 for 24) and Milupa infant foods (£15.09 for 12). These prices are only available while stocks last.

Unichem. Tel: 081-391 2323.

Family Doctor

Eight titles in the Family Doctor range of healthcare booklets are being relaunched. The booklets, endorsed by the British Medical Association, are available from the business services department at the National Pharmaceutical Association.

The booklets retail at £1.99 and can be displayed

in a clear acrylic dispenser unit which is available free with orders for 40 or more booklets, and costs £6 with smaller orders.

A range of point-of-sale material, including window stickers, shelf bakers and wobblers, is available to pharmacists. **NPA Services. Tel: 0727 832161.**

Dragons on legs

Dragons and sunflowers feature on new tights from Couture Designer Hosiery, seen at the Hosiery Show. Both designs come in black 80 denier opaque and retail at £9.99. **Couture Marketing. Tel: 0788 823169.**

Oxysept ads

Allergan are supporting their Oxysept brand with a £500,000 Press campaign running from October 28 until January. Point of sale material will be available to support the campaign.

Allergan Optical. Tel: 0494 427156.

Slim-Fast offer

Sun Nutritional are giving away M&S vouchers with orders placed for Slim-Fast. **Chefaro Proprieties. Tel: 0223 420956.**

Oral-B Flossette

The Oral-B Flossette is a disposable flosser with a handle, not a floss dispenser as may have been intimated by the picture caption in C&D October 16, p674. **Oral-B. Tel: 0296 432601.**

THE NEW ISOGE^l PACK



DESIGNED TO MAKE YOUR CUSTOMERS EVEN MORE REGULAR

OPL

Charwell Pharmaceuticals Ltd.
Charwell House, Wilson Road, Alton, Hants GU34 2TJ

IsoGel hasn't changed - but our pack design has! Its most eye-catching appeal, added to IsoGel's unbeatable value, will help boost demand for IsoGel to even higher levels. The best value bowel regulator - now with a great new pack design. It's a combination you can't resist.

Hidden agenda behind pharmacy's struggle

Delegates at the 20th Lincolnshire Pharmaceutical Conference were treated to some rich fare last Sunday. Pharmacists heard how they could change patients into customers and saw the contrasting styles and outlooks of pay negotiators at the PSNC and its *alter ego*, the Pharmacy Support Group. Overleaf, LPC secretary Noel Baumber waxes eloquent on the 'end of an era — competition or conflict'

Pharmacists should think of their common interests and ensure that "sensible and compassionate" policies are made for the profession, Pharmacy Support Group chairman Hemant Patel told the 20th Lincolnshire LPC Conference.

Mr Patel defended the PSG's plan to launch a petition with a claim that "thousand of pharmacies would be forced to close" — against the recent attack by the Pharmaceutical Services Negotiating Committee secretary Stephen Axon at the National Association of Co-operative Executive Pharmacists (C&D October 16, p665).

A Plimsoll portfolio analysis of the audited accounts of 894 pharmacy companies, accounting for 95 per cent of turnover in the retail chemist sector, showed that half were classed as "struggling to survive".

Mr Patel said Plimsoll's comment was that: "To

[survive], they will have to undergo stringent reorganisation which may completely alter their character as companies."

By taking action through the petition, the PSG was being responsible and caring, said Mr Patel, retaliating in kind to Mr Axon's concern that the petition could strike fear into the old and sick (last week p665).

Democracy is a form of government where the supreme power is vested in the people, Mr Patel said. And one of the prerequisites of democracy was knowledge — knowledge about the decision makers and the decision making process.

"Much of this is shrouded in mystery, but I am happy to say things are looking better. But there are too many hidden agendas being driven by nothing more than greed."

Mr Patel said he believes there are people in positions of power in pharmacy who have



Guest speakers at the conference pictured outside the Petwood Hotel are (from left): chairman of the Pharmacy Support Group, Hemant Patel; Sheila Kelly, executive director of the Proprietary Association of Great Britain (see p720); and PSNC member John Hind. The Hotel also hosted on Sunday a meet for bird of prey handlers — their hawks *et al* were ranged on the lawn as the LPC began their meeting, presumably waiting for some left-over lunchtime lamb — or bits of flesh from the PSNC/PSG clash

paid too much attention to the profits of a few instead of the profits of all existing proprietors: "I believe the system is flawed and that we must alter it for long-term benefits."

A humanistic approach was needed to help those who could not keep pace with change, he said. "We must protect all contractors and produce innovative plans to ensure that changes are made in a responsible way."

Mr Patel said he had long suspected that systematic financial attrition was being applied to smaller contractors to make them unviable, and that elected leaders at the Society, the National Pharmaceutical Association and

the PSNC were doing nothing to stop it.

He said this initial gut feeling had been confirmed by studies. After paying pharmacy staff and taking account of inflation, there had been a minimum 35 per cent pay cut for all contractors.

Pharmacy must demonstrate to the Government that it is a socially responsible profession determined to offer initiatives to develop a more cost-effective NHS. Unnecessary prescribing should be cut and more generic prescribing instituted — savings encouraged by pharmacy should end up back in the global sum.

Mr Patel said Council member Gill Hawksworth had demonstrated that in effect every pharmacist gave out £162 of free advice in their community practice every week.

"We must fight for a full practice allowance to be paid to all existing contractors to recognise the contribution each one makes to the NHS," he said.

Doctor dispensing should be reduced to a minimum by 1999, Mr Patel suggested. Ground might have to be lost in other areas but it was "worth investigating".

Turning to the threat of the multiple to the independent, Mr Patel said that where multiples started to encroach on independents' territory, it should be possible to surrender a contract to a central body and to leave with dignity.

In the short-term, Mr Patel calculates that 1,350 pharmacies will lose their practice allowance.

In the longer term, he believes many more smaller independents will do so because of the loss of on-cost, a relaxation of control of entry regulations, increasing doctor dispensing and the 20 per cent of the global sum that will be FHSA-administered after 1995.

PSNC seeks to refer working capital concerns to Panel

The Pharmaceutical Services Negotiating Committee has asked the Pharmacists Review Panel "to consider whether the working capital requirements of contractors are being adequately met through the 80 per cent advance payment and the relevant aspect of the global sum".

PSNC member John Hind said financial executive Godfrey Horridge had written to the Office of Manpower Economics asking that the Panel accept the reference. The Committee says working capital is an on-going problem for contractors.

Mr Horridge told the OME: "There is a fundamental difference of opinion between the PSNC and the Department of Health on the issue and PSNC would, therefore, welcome the independent views of the Panel."

Mr Hind presented the Lincs conference with a digest of the

PSNC's recent negotiations and the various charts shown recently to the main LPC Conference by his chairman David Sharpe, detailing the content of the DoH offer and its implications for pharmacy contractors.

In the new scheme of things, Mr Hind said that "reasonable access" is the key — not only what was convenient or easy but based on convenient access by the public to all the services pharmacy can supply.

"We do save the NHS time and money with our advisory role, particularly now our POM to Parliamentarium is becoming more up to date and therefore more effective," he said.

The current charters meant that the patient/consumer was king, he said. That should not mean that every 80-year-old needed a pharmacy next to his or her house, but it must mean the availability of services

at a short distance.

New surgeries were being purpose-built on any available site within a practice area — the density of GPs is controlled but their location is not: "This could throw the existing location of pharmacies into turmoil."

These new sites were ripe for development into "nice little earners" for the GP practice with a doctor-owned pharmacy or income from the lease of premises with a premium payable to the practice.

"Should the GPs make a windfall profit from a move subsidised by the family health services authority?" he asked.

Mr Hind questioned why a pharmacy's investment in updating premises and services should be thrown away by an FHSA decision to put doctors into purpose-built premises: "Pharmacy must not just be concentrated into prescription honeypots!"

Just how big a headache is Tension Headache?

The biggest. In fact, 74% of all headaches are Tension Headaches.⁽¹⁾ Which, when you think about the pressure people are under today, makes sense.

What also makes sense, is to recommend a *specific* Tension Headache remedy straight away. And the one to recommend is Syndol.

There is no more effective OTC treatment for your patients. Uniquely formulated for Tension Headache, Syndol contains the powerful analgesic combination of Paracetamol, Codeine and Caffeine, plus Doxylamine Succinate to ease muscle tension and bring fast relief (a clinical study showed that in 97% of Tension Headache attacks, Syndol started to work within 30 minutes).

It is a Pharmacy medicine, is strongly supported, creates extraordinary loyalty, and powerful word of mouth recommendation.

Get the benefit. Display well, recommend at once, and above all don't get caught out of stock. That's a headache you could do without.



You can't recommend more powerful relief.

(1) National Headache Survey, Gallup 1993

INFORMATION FOR PHARMACISTS: Each tablet contains Paracetamol BP 450mg, Codeine Phosphate BP 10mg, Doxylamine Succinate USNF 5mg, Caffeine BP 30mg. **USES:** Treatment of mild to moderate pain and as an antipyretic. Symptomatic relief of headache, including muscle contraction or tension headache, migraine, neuralgia, toothache, sore throat, dysmenorrhoea, muscular and rheumatic aches and pains and post-operative analgesia following surgical or dental procedures. **DOSAGE AND ADMINISTRATION:** Adults and children over 12 years: 1 or 2 tablets every 4-6 hours as needed. Maximum 8 tablets in 24 hours. Not recommended in children under 12 years. **CONTRA-INDICATIONS, WARNINGS ETC.:** Contra-indications: Idiosyncrasy to any of the ingredients. Precautions: May cause drowsiness. If affected, do not drive or operate machinery. No data available in pregnancy: avoid use. Side-effects: Drowsiness, dizziness, mild constipation, agranulocytosis rarely. Overdose: Paracetamol overdose can cause liver and kidney necrosis. Immediate medical referral is essential. **LEGAL CATEGORY:** (Section 5) (not prescribable under NHS). **PRODUCT LICENCE NUMBER:** PL4425/0018. **PACKAGE QUANTITIES, PRICE:** Pack of 10 tablets £1.59, 20 tablets £2.77, 50 tablets £6.26. **DATE OF PREPARATION:** September 1993. Full prescribing information is available from licence holder: Marion Merrell Dow Limited, Lakeside House, Stockley Park, Uxbridge, Middlesex, U.K.

Bigger is the name of the game in '90s pharmacy

The name of the game for pharmacy in the 1990s is market share, according to Lincolnshire LPC secretary Noel Baumber. But bigger market share is difficult to achieve when so much turnover is geared to the sitting of the pharmacy.

"Boots say they want to collar a significant share of the small shop market by opening 240 small branches. But where are those pharmacies now?" Mr Baumber asked.

Are they large independents being offered deals they cannot refuse? Are Boots setting up in opposition, and even without contracts, in an attempt to force large independents to close? Are they buying inexpensive pharmacies and relocating?

"One thing is for sure — Boots' expansion can only come about at the expense of the independent sector," said Mr Baumber. "If the Government puts an end to control of entry,

mortgaged their future, or been denied one, because of high goodwill values.

"What is at stake is the continuum — the process of renewal of community pharmacy at a reasonable price for future generations of pharmacists."

For the independent pharmacist, in some parts of the country there was the irony of having to choose, perhaps, between Unichem and AAH — wholesalers who both use the profits of the business to finance retail competition for the independent in the form of Moss, Hills or a franchise operation.

"Lloyds, too, are wholesalers in a quite a big way, operating what they describe as a 'Chinese wall' between the retail and wholesale sides, so that Allen Lloyd won't know what your turnover is," said Mr Baumber.

Independents could no longer increase income by pushing up volume and prices: "We must increase margins by cutting costs and seeking bigger and bigger discounts."

"In the end, the only discounts that will be available are quantity discounts to corporate buyers with the largest market share, and wholesale margins to those with a licence and the necessary capital. The rest of us are struggling to clear the breakeven point."

Mr Baumber said a new kind of independents' country-wide alliance was needed.

"They must protect, re-deploy and mobilise assets to turn decline into effective competition, and conflict into a positive way forward," he said.

Buying groups were too small and damaging to full-line wholesalers: "The new arrangements need to be more attractive than competing wholesalers."

It was time that there were new alliances in pharmacy business, and also time for new political alliances: "In changing eras, the impotent players seem to be the political bodies that got us here."

The democratic institutions in pharmacy probably represented too many differing types of interest to be an effective leadership any more, Mr Baumber said.

"The PSNC has declared its disinterest in the below-average pharmacy by voting for thresholds. When its members gather next Spring, there will be some new faces at the table. It should look to its constitution and its procedures."

Mr Baumber said that few were happy with the political structure at the National Pharmaceutical Association: "...the minimal debate and amount of change at election time, the dormancy of its

branches, the amount of NPA representation on PSNC.

"Ashwin Tanna is single-handedly trying to shake up the NPA. If you are interested in supporting his attempt to get an EGM, send him a letter."

The Pharmacy Support Group was an important new player that recognised the importance of working through other organisations, and not in isolation: "For now it has a job to do which none of the established pharmaceutical organisation can do."

With the regional tier of the NHS about to vanish, central Government will have the illusion of having delegated power to a point closer than before to the delivery of healthcare. But Mr Baumber said: "This could be even less of a democratic link than we have with the present system."

Fears centre on the 20 per cent of the global sum that is to go to family health services authorities: "The major part of that will come out of funds at present going to remunerate core dispensing activity, not additional role services."

"Contractors could disappear behind the front rank of large



Lincs LPC chairman Keith Swann tells delegates that FHSA general manager John Gilmore was dismissed on October 14 after a disciplinary hearing. Brian Mayhew-Smith is acting general manager

spending units elbowing their way to the cash desk with 'high priority' printed on their begging bowls."

Mr Baumber says it is of prime importance for LPCs to be represented on the new authorities "almost in a line-management capacity to ensure our money is not sidelined into other NHS areas".

Mr Baumber concluded by saying that the profession was no longer standing at the crossroads waiting for the green light. "Things are moving in a new direction, but not one in which the profession is either united or in agreement."



Lincs LPC secretary Noel Baumber tells of the "end of an era", and questions whether the current pharmacy institutions can cope with the changes or should be changed themselves

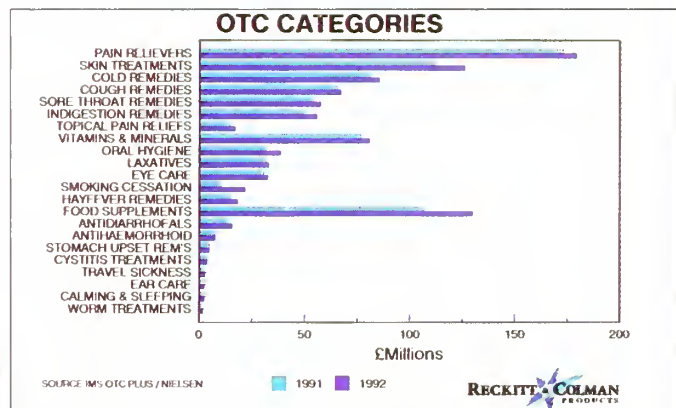
it would just make the exercise quicker, cheaper and nastier."

But competition was not meant to be nice. Within the profession, pharmacists had tried to share ideas and techniques, standards and ethics, in an effort to improve the public service: "Big business doesn't share, it doesn't give. It takes."

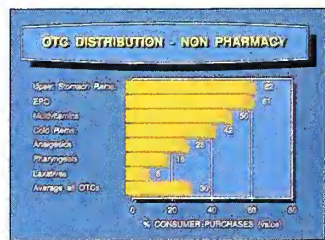
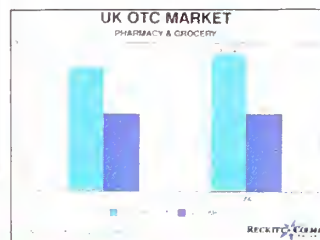
If big business took over the ethics of the profession it would change out of all recognition.

"This could even happen by the back door if democratic power is invested in the undemocratically representative Community Pharmacists' Membership Group now being toyed with by the Society."

A few independents had profited from pharmacy's 20-year boom — but at the cost of the next generation who had



Sheila Kelly, executive director at the Proprietary Association of Great Britain, explored how pharmacists could do more to major on P and GSL medicines (OTCs), including up-coming POM to P switches, and thus counter the grocery effort. (Above): a breakdown of the major OTC categories 1991-92. (Below, clockwise from top left): the OTC market for pharmacy and grocery 1991-92; the major grocery in-roads into OTCs; POM to P 'truths'



POM to P The Truth

- OTC status is the in-built presumption in the Medicines Act NOT POM
- The product licence does NOT control legal status, it is the ingredients, presences on the POM or GSL Orders which is the overriding factor
- There is NO LINK between legal status and reimbursement
- There is NO LINK between OTC status and delisting

POM to P The Truth

- There is NO LINK between reimbursement and advertising
- Moving POM to P in the UK need NOT trigger similar movements across Europe
- Doctors do NOT need to consider advertising of products they prescribe
- Prescription only and OTC products CAN be the same brand name
- Doctors are allowed to RECOMMEND OTCs

THE CRÈME DE LA CRÈME



Ever since it was introduced over 40 years ago, Cream E45 has been dominating other therapeutic moisturisers.

At this time, it has about 80% of this market, both in units sold and sterling value.¹ And its rate of sale is 6 times that of the nearest competitor.²

It's not just the dry skin market, either. The sales of Cream E45 put it in the top 10 of all pharmacy OTC brands, regardless of product category.³

So to all our competitors, hard luck. And to all the pharmacists who support Cream E45, merci beaucoup.



E 4 5 D E R M A T O L O G I C A L S K I N C A R E



“AAH Pharmaceuticals help me to sell . . . therefore to succeed!”

The world of the local pharmacist has changed radically in recent years. Both in the eyes of the profession itself...and in those of their customers – the patients. The roles undertaken by the modern pharmacist are more diverse and more complex than ever before.

This is partly due to the business skills required of today's professionals... and partly to the role that the major wholesalers have in providing the vital support needed.

Success in any business is as much due to attitude as it is to service and the friendly neighbourhood pharmacist has to be as skilful at balancing the books as dispensing medicines.

Not surprisingly, in both these disciplines, one wholesaler in particular is proving increasingly helpful.

They are AAH Pharmaceuticals and their name has set a standard within the industry for quality, value, helpfulness and reliability.

It hasn't been an overnight success story. The company's reputation has, as they say, been honed on the whetstone of experience. In other words... they've spent years building the know-how and expertise to simply do things better, it seems, than their competitors.

For some pharmacists, what makes AAH Pharmaceuticals special is their willingness to

become and remain accessible, all the way through the company, right to the very top. For others, it's the support offered to independent pharmacy through the Vantage programme. For others still, it's the support for pharmacy computing through their LINK systems.

Whatever the reason – or combination of reasons – the company's customers aren't simply end-users of a facility or service...they're out and out fans. Of course they have their criticisms and pet hates...who doesn't. But in general they're not simply complimentary...they can be positively enthusiastic.

It's a situation that AAH Pharmaceuticals, naturally, like all

good wholesalers, do their level best to foster. In the words of Managing Director David Taylor, "Our job is very simple. To give pharmacists as much help as possible, to enable them to offer a high level of service to their customers, with excellent quality, value for money products. Of course it sounds easy when you say it like that – and if it were really easy everyone would be doing it. Over the years, we've worked hard to put the attitude and systems into place to help our customers succeed with their businesses. Whether it's a friendly voice at the other end of the phone, an instant ordering service, or a level of support that's truly unique".

Stuart Castle may be a pharmacist by trade, but he has the demeanour of a man whose opinions and skills go far beyond the front door of his pharmacy. From his compact yet tastefully furnished business/home in the beautiful Essex village of Coggeshall ('They've filmed a few episodes of TV's Lovejoy programme round here') ... he speaks of the reasons why he prefers AAH Pharmaceuticals over any other wholesaler.

Q HOW LONG HAVE YOU BEEN IN PHARMACY?

A When I walked into a Chemist's shop and started working, it was 1952. The Health Service, as it was, was only 4 years old, and a prescription was nothing for a piece of paper. Eventually it was a shilling for everything the doctor managed to cram onto the form. But since then, of course, dispensing has changed enormously – and so has selling! In the early days, pharmacists were selling Domestos ... and Stergene ... and Surf. The washing powders and liquids weren't found in the grocers shops – they were all sold through pharmacies, as well as cordials and squashes. Then the corner shop started getting bigger ... and you saw the growth of the supermarkets. Now it's a very different kind of pharmacy that survives as a thriving business. And when I say 'business' that's exactly what I mean ...

Q DID AAH PHARMACEUTICALS HELP YOU TO START UP IN BUSINESS?

A In a way – yes. I started from scratch, not by buying an existing pharmacy but a drug store. The first thing I did was make it a pharmacy. But for the first three and a half years I didn't have an NHS contract. Of course things were difficult at first, they are with all small companies starting up. But AAH Pharmaceuticals really looked after me right from the word go! I had to learn to be a good businessman – not just a good pharmacist. All my trade was done over the counter. Medicines, the lot! As you can imagine, when you're starting up in business you may be borrowing a lot of money. AAH Pharmaceuticals gave me all the help I needed. They didn't pressurise me – as probably some wholesalers would do – when I was having cashflow difficulties. In short – they looked after me and that's worth its weight in gold.

Q SO WHAT HAPPENED WHEN YOUR NHS CONTRACT CAME THROUGH?

A As I said, it took three and a half years. But when it did, I found myself in the position of having just a fortnight to get my act together and establish my back rooms into a dispensary. Under other circumstances I might have panicked. But I called

AAH Pharmaceuticals ... explained the situation ... and thanks to them, at the end of the two weeks I was up and running. Now that's what I call help!

Q WHAT PERCENTAGE OF YOUR TRADE IS OTC NOW?

A It's about fifty-fifty. If you ask many pharmacists they'll probably tell you that around 80% of their business is National Health. Because of how I started, I learned to succeed without NHS business. I did that through a good wholesaler – good products and good service to my customers. That's something I've always believed in. Why should somebody come back through the door if you don't offer them what they want at a good price ... and you make them feel welcome. AAH Pharmaceuticals do that to me ... and I do it to my customers!

Q WHAT KIND OF RELATIONSHIP DO YOU HAVE WITH AAH PHARMACEUTICALS?

A If you want to survive these days in pharmacy, you need the help and support of a pharmacist who understands your needs. Just as important ... you need a wholesaler who is accessible. This is one of the things that definitely sets AAH Pharmaceuticals aside from everyone else. I'm a bit of a perfectionist at heart. I like things that work well ... and I can spot something that doesn't work as well a mile away. AAH Pharmaceuticals are the best there is. That doesn't mean they're perfect ... nobody is. We're all human and mistakes do happen. But the great thing about them is ... if there's a hiccup, say, in delivery ... or something else goes wrong ... they WANT to know about it. They don't just offer excuses. They get their finger out and move heaven and earth to put it right. Fast. With them you can have direct access to ALL of the people ... ALL of the time. From a manager ... right up to the Managing Director. So I simply get on the phone and I know that the people at the other end aren't simply going to listen and do nothing ... they'll jolly well fix it.

Q HOW DO YOU FIND COMPUTER ORDERING WITH LINK?

A We've been here in this pharmacy for around 9 years.

And when we came, I had never used a computer before, other than the one that I bought my son to play games on. So if I was going to have a computer system ... I needed one that worked with the minimum of aggravation ... and the maximum of simplicity. I needed something that was 'idiot-proof'. When LINK arrived I was a bit worried I must admit. It's so sophisticated that it's easy to think it's going to be complicated. It isn't. It's absolutely marvellous! Of course it takes a little getting used to. But the difference it makes is tremendous. And if you have any problems – and they often happen when you're at your busiest – you've got HOTLINE to sort it out. Most of my queries have been solved in seconds – over the phone. Don't get me wrong, LINK isn't the be all and end all. And occasionally even it has the odd problem – which, incidentally, I'm not slow to point out to them. But again, like any system, getting it right is a matter of trial and error ... and tailoring it to the needs of the customer. Now ... ordering has never been so convenient ... or easy.

Q WHAT ABOUT THE QUALITY OF THE VANTAGE PRODUCTS?

A If you support any wholesaler, you do so because they're helping you to survive and succeed. They can't do that if their products are no good ... and if their prices are too high. Vantage branded products are excellent. My customers recognise the brand and ask for Vantage products over other bigger brand names. They trust our judgement in only putting out a product that we believe is high quality and offers excellent value for money. What's more, every time a new Vantage product comes along and I put it on the shelf ... they accept it. Why should they go anywhere else and ask for anything else ... when you can put a good Vantage pharmacy-branded product on the shelf. If they like it – they'll come back. And if you're the only stockist in the immediate area that's good business sense.

Q WHAT ABOUT PRICE?

A I'm a pharmacist ... but as I said before, I'm also a businessman. Survival to me means making a profit – and that means having a wholesaler behind me who supplies me with the right products at the right prices. That means, whether I've got

competitors near me or not, I still have to be competitive. Offer good value for money. With AAH Pharmaceuticals and the Vantage label, I know that's what I'll get. And I'll get it delivered regularly ... on time ... reliably. That's what keeps me in business.

Q HAVE AAH PHARMACEUTICALS ALLOWED YOU TO GIVE YOUR CUSTOMERS A HIGHER QUALITY OF SERVICE?

A Without doubt. Quality – whether it's in the Vantage products I sell ... or the service they give me ... filters through to my customers, who benefit in superior goods at competitive prices. AAH Pharmaceuticals have always given me the help I need to succeed ... and they've always remained completely accessible. I find that eminently desirable. It suits me down to the ground ... and because of it, I wouldn't dream of using anyone else as my major wholesaler!

AAH PHARMACEUTICALS TOTAL SUPPORT MAKES THE DIFFERENCE

AAH Pharmaceuticals has spent years building up a unique understanding of not just some but all the needs of the modern pharmacist. Everything they do is geared towards helping to offer a caring, friendly, better quality service to all their customers. They do this on TWO levels. Level 1 comprises the day-in, day-out, reliable wholesale supply of a vast range of quality ethical and OTC products ... combined with a helpful, caring attitude. Level 2 involves a special range of support services that, added to the company's everyday care, form one of the most comprehensive wholesale supplies available to pharmacists today.

If you would like to know more about AAH Pharmaceuticals and about how we can help you give your customers and patients a better quality, better value service ... just give us a call on 0928 717070 and ask for Chris Hadley.



AAH
PHARMACEUTICALS
LIMITED

**We're always there,
we always care.**

Pharmacy develops by doubling its size



C&D went to Oundle near Peterborough to look at an independent pharmacy that has successfully sought out the gaps in the market to expand its retail position in the face of several competitors

Customers entering A.J. Hilton's pharmacy last year had only to take a few paces through the door to reach the counter, but a New Year refit means they can now wander around and view the stock at leisure. The shopfloor area has been at least doubled.

Owner Tony Hilton wanted to widen his range of stock, while maintaining a professional image and upmarket range.

The GSL medicines are now on open display and Mr Hilton reports increased sales of medicines and especially vitamins.

The camera and picture frame section has increased substantially into the space made available by the refit. There is no competition in the town for the camera market — customers had previously been sent to Peterborough. Mr Hilton now stocks a range of more expensive cameras, binoculars and frames.

He uses Colourcare for his developing and printing. They were selected mainly on price and delivery time. The pharmacy closes at 5.30pm so late deliveries offered by other D&P companies meant that Hilton's could not provide a 24-hour service.

There is competition in the town for D&P so Mr Hilton needed the best available. He can now offer a 24-hour service comparable to the other shops in the locality.

Fragrant gap

Another gap in the market spotted by Mr Hilton was for perfumes. Again, for expensive fragrances, customers were referred to the department stores in Peterborough. Hilton's Pharmacy now displays a well stocked perfume cabinet and so far sales have been going well. However, Mr Hilton points out that it is early days yet and Christmas will be the true test of the range. But he is pleased with fragrance at this stage and says that it improves the image of the pharmacy.

With the sudden increase in floor space, Mr Hilton finds that staffing the two counters can be a problem. The only till is on the medicines counter at the back of the shop, but there is not enough demand to warrant putting one on perfumes. Staff can usually be spared to man the perfume counter, says Mr Hilton, but if it is very busy all staff work on the back counter.

Security can sometimes be a problem with the perfumes out



Hilton's Pharmacy, with owner Tony Hilton (inset)

of view from the dispensary. Mr Hilton is considering putting mirrors in as a deterrent to shop-lifting.

The unusual shape of the sales area results from a 160-year-old staircase leading into the shop from the flat above. The staircase had to build around during the refit as it has a preservation order on it.

The steps outside the door unfortunately could not be removed in the refit. The street is very narrow outside the shop and, if a ramp was built, it would have either gone half way across the street or half way up the shop floor — obviously neither would be satisfactory.

Mr Hilton says that most customers are used to the steps, disabled customers wait outside and send their orders in and mothers with prams do not seem to mind the steps. A lot of the shops in the high street have steps at the doorways.

Dispensary shield

The dispensary is an extension of the medicine counter. A smoked glass screen has been added to shield the dispensary

as customers were tending initially to hand scripts directly to the pharmacist or dispenser.

This disrupted work in the dispensary but now the screen discourages customers from approaching the pharmacist directly. Mr Hilton is against an open plan dispensary as he likes to retain "the mystique" of the pharmacist and dispensary.

The computer is set up at the medicine counter end of the dispensary. This gives the pharmacist good control over prescriptions being given out and any counter prescribing that the staff may do. From this position the pharmacist can also see almost the whole shop, which is useful for security if the counter assistants are busy.

The scripts are all bagged up by the pharmacist and given out by either the pharmacist or a counter assistant, depending on whether counselling is needed. Mr Hilton is quite happy for a script to be given out by the assistant if it has been checked and is a repeat item.

A reasonable number of requests for advice do not take up an excessive amount of time, according to Mr Hilton. He finds that he can easily listen and supervise sales from the dispensary without having to get involved.

There is no consulting room in the pharmacy because Mr Hilton is not in favour of the idea. He cannot afford to dedicate that amount of space for no financial return, and make the pharmacist "a poor man's doctor".

In the refit, the shopfitters were keen to cut out a section at the end of the dispensary to make a private counter where the customers could speak to the

pharmacist. However, Mr Hilton thought that would be an unprofitable move. There is a quiet area of the shop where customers can easily talk to the pharmacist out of earshot of others.

Catchment area

The town has a population of around 4,000 with about a 10,000 catchment area in the surrounding villages. The population increases by about 800 in term time as there is a large boarding school in the town. One other pharmacy provides competition to Mr Hilton, but it is at the other end of the main street.

Hilton's Pharmacy has always been nearest to the surgery which was just 300 yards away on the same side of the road. In August, the surgery moved to a purpose built centre which is half a mile from the pharmacy — but Hilton's is still the nearest pharmacy.

Earlier this year, the town gained two supermarkets. At that time, Mr Hilton felt that his business had not been noticeably affected by the new arrivals. He is well aware that product ranges such as hair

Continued on p726

NO PAIN NO SMELL NO MESS NO PILLS



NO CONTEST

Since its launch in 1991, Ibuleve has become one of the most successful OTC brands ever.

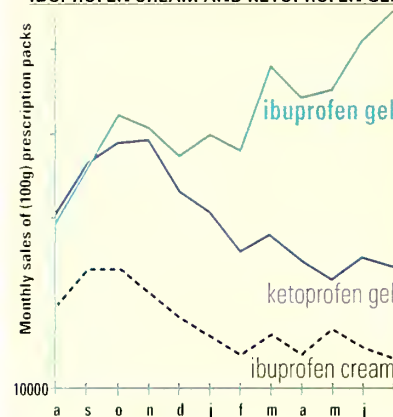
The main reason for this success is that Ibuleve is a truly excellent product.

Ibuleve (ibuprofen gel) delivers effective relief from pain in an unique formulation that sufferers find highly acceptable and convenient to use.

And it's not only the sufferers who approve - doctors do too...

The graph below shows sales of prescription (100g) packs of ibuprofen gel, ibuprofen cream, and ketoprofen gel over the last year.

PRESCRIPTION SALES OF IBUPROFEN GEL, IBUPROFEN CREAM AND KETOPROFEN GEL



The figures speak for themselves; so do the results from a double blind clinical trial which concluded:

"(Topical) ibuprofen proved significantly more effective and faster than ketoprofen in resolving spontaneous pain"

But despite this success, there are still thousands of sufferers who don't know about Ibuleve.

That's why we are spending over £1 million on TV and Magazine Advertising directing sufferers to ask you, the pharmacist, about Ibuleve.

We think we know what you will be telling them...

PAIN RELIEF WITHOUT PILLS

IBULEVE Trademark and Product Licence held by Diomed Developments Ltd., Hitchin, UK. Distributed by DDD Ltd., 94 Rickmansworth Road, Watford, Herts. **Active Ingredient:** Ibuprofen BP 5.0% w/w. **Directions:** Lightly apply a thin layer of the gel over the affected area. Massage gently until absorbed. Wash hands after use. Repeat up to three times daily. **Indications:** For the relief of backache, rheumatic and muscular pain, sprains and strains. **Precautions:** If symptoms persist for more than a few weeks, consult your doctor. Not recommended for children under 14 years, patients with a history of kidney problems, asthma or aspirin sensitivity should seek medical advice before using IBULEVE. Do not use on broken skin, lips and eyes, not to be used during pregnancy or lactation. Keep all medicines out of the reach of children. Do not use if sensitive to any of the ingredients. **FOR EXTERNAL USE ONLY.** **Legal category P.** **Packs:** Tubes of 30g (PL0173/0060), price £3.79. *Ref Picchio A.A. et al. Medicina dello Sport 34 1981*

Continued from p724

care, sanpro and baby could be hit by the supermarkets. Even with the discounts given to a Unichem Goldpartner, he cannot compete with the low supermarket prices.

Should these lines be affected, Mr Hilton is willing to discontinue them in favour of more health related lines, such



The dispensary is shielded from shop to retain its "mystique"

as health foods and natural remedies. But homoeopathic products will not be kept at Hilton's as Mr Hilton is sceptical about their efficacy.

A display stand for health advice leaflets is kept in the waiting area. A selection of health books is very popular and a good selling line.

When Mr Hilton first took over the pharmacy, the business was more concentrated on the dispensing side: now it is approximately 55 per cent dispensary and 45 per cent retail. Since the refit, sales in both aspects of the business have increased.

Because of the Department of Health imposed pay package, Mr Hilton is looking to achieve an equal balance between retail and dispensing — he says he would not like his whole business to be at the whim of a government minister's decision.

Hilton's provide an oxygen service but do not carry out any testing services such as pregnancy or cholesterol tests. Mr Hilton feels that these sort of tests are better done at the GP's surgery.

NPA training

The National Pharmaceutical Association training packages are used as the basis for staff education. However, Mr Hilton finds that it is difficult to keep the staff up to date with their training as the time they have is limited. He is currently training one member as a senior assistant to take over dealing with representatives and



The refit has increased the range of stock held by Hilton's

ordering.

Mrs Hilton is very involved in the business and is responsible for ordering in the sundries section. She is also responsible for all the paperwork and the window displays.

The staff — one full-time dispenser plus two full-time and three part-time counter assistants — share responsibility for ordering and merchandising between them. This allows Mr Hilton to concentrate on the OTC medicine and dispensary side. Two part-time locums give him time to step back from the dispensary and manage the shop. There is a very low staff turnover at Hilton's.

The pharmacy has a good

relationship with the local surgery although there is no regular meeting between the two. Professionally, Mr Hilton finds he does not have too much contact with the surgery although the doctors do pop in from time to time.

Most of Mr Hilton's customers have been thrilled with the refit. They find it an attractive place to shop and one customer even said that it was the best shop in Oundle. But there was one old lady who, on seeing the refit, asked why they had wanted to change things. It turned out she had liked the shop better when a previous pharmacist was there — but that was 25 years ago!

ANNOUNCEMENT

With effect from 25th October 1993

NEW NAME

Thames Valley Medical Limited will be known as

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and will also be moving to

NEW PREMISES

In a purpose built unit of 30,000 sq ft — our new address is:

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NEW PRODUCTS

Whilst maintaining a fully comprehensive range of all makes of Ostomy products on the drug tariff we are continually developing our ranges of:

- Prescription Incontinence
- Wound Care
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- Diagnostics
- First Aid Products
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- OTC Products

For further information on the total package and discount rates available, telephone us on the above telephone number between 8.30 a.m. and 6.30 p.m.



covering the nation from the heart of the country.

The power to hit your customers. Precisely.

The power to hit pain. Precisely.



PARAMOL® Tablets

Abbreviated Product Information.

Presentation: Each white tablet engraved PARAMOL contains 500 mg paracetamol BP and 7.46 mg dihydrocodeine tartrate BP. **Indications:** For the relief of headache, migraine, feverish conditions, period pains, toothache and other dental pain, backache and other muscular aches and pains.

Dosage and Administration: PARAMOL Tablets should, if possible, be taken during or after meals. *Adults and children over 12 years:* 1 or 2 tablets every four to six hours. Do not exceed 8 tablets in any 24 hour period. *Children under 12 years:* Not recommended.

Contra-indications, Warnings, etc: *Contra-indications:* Respiratory depression, obstructive airways disease. *Precautions:* Dihydrocodeine may induce the release of histamine, therefore caution should be exercised before dispensing PARAMOL Tablets to asthmatic patients, or patients with allergic disorders. *Use in pregnancy and lactation:* There is no or inadequate evidence of safety in human pregnancy but the drug constituents have been used for many years without apparent ill consequence.

Side-Effects: Side-effects are rare in therapeutic doses. Constipation, if it occurs, is readily treated with a mild laxative. **Legal Category:** P. **Package Quantities and Price:** £2.19 for pack of 12 tablets. £4.89 for pack of 36 tablets. **Product Licence Number:** PL 0337/0190. **Product Licence Holder:** Napp Laboratories Limited, Cambridge Science Park, Milton Road, Cambridge CB4 4GW UK. Tel. 0223 424444. Member of Napp Pharmaceutical Group. Further information is available from Napp Laboratories Limited. **Date of Preparation:** August 1993.

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Date of preparation: October 1993

NAPP

Sometimes your pain needs a tough answer.

There's now a pain reliever that contains dihydrocodeine, a highly effective ingredient that has never before been available without a prescription.

PARAMOL Tablets bring you a different way to fight pain. They combine dihydrocodeine with paracetamol to create a powerfully effective combination that targets your pain. Precisely.

The power of dihydrocodeine now without a prescription.

Always read the label.

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So when you need powerful relief from headache, migraine, period pains, backache, toothache and other aches and pains, you'll find there's no stronger pain relief your pharmacist can offer you.

PARAMOL®
TABLETS.

From October, you'll be seeing a lot of the new advertisement for PARAMOL Tablets.

And so will your customers.

That's because NAPP are spending £¾million between now and Christmas. And this spend is set to continue right through 1994 in the quality consumer press and on selected high-street poster sites – maybe one outside your pharmacy.

At the same time we're introducing – in addition to the 12-pack – a new 36 pack of PARAMOL Tablets, which gives up to 5 days' treatment.

Your recommendation alone has already made PARAMOL Tablets a success. But now even more people will realise that PARAMOL Tablets give powerful relief from many mild to moderate painful conditions such as headache, migraine, period pains, backache and toothache.

And of course that means even more people asking for PARAMOL Tablets in your pharmacy.

PARAMOL®
TABLETS

the growth market of the '90s

COMPLETE MARKET TRENDS AND FORECASTS FOR OTC MEDICINES THE BENN OTC HEALTHCARE MARKET REPORT

From the publishers of *Chemist & Druggist*, *Community Pharmacy* and *Pharmacy Today*, comes the definitive report on OTC Healthcare, a growth market for the 1990s. The report comes as Governments are encouraging companies to switch products from prescription to OTC, while strategic alliances between major manufacturers are demonstrating the massively increased interest of the pharmaceutical industry in OTC.

For many years the Benn pharmacy magazines have helped keep readers up to date with industry news, issues,

product innovations and market developments. Now Benn is deploying its unrivalled industry knowledge, unique position, industry contacts and databank of original research to produce

an authoritative and comprehensive report on the OTC medicines market.

The OTC medicines market in the UK will be worth £1 billion plus in 1993. Key

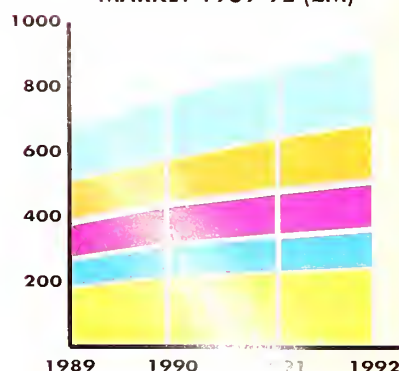
issues in this dynamic consumer market include: the impact of drugs coming off patent, industry strategies as the global giants compete for their shares of OTC to make good lost profits from prescription medicines, and the increasingly competitive retailing

environment. The Benn OTC Healthcare Report will be available in October, price £375. This report is THE essential marketing reference work for an industry facing the challenge of change.

SPECIAL FEATURES

- POM to P products analysis
- Exclusive Benn Pharmacy Group Retailer Survey data
- Latest market trend data to mid-1993
- Market forecast to year 2000
- European OTC developments

The OTC HEALTHCARE MARKET 1989-92 (£M)



- Vitamins
- Indigestion remedies
- Med. Skincare
- Analgesics
- Cough/cold remedies

SECTORS COVERED

OTC: Cough remedies cold remedies sore throat remedies decongestants hay fever remedies chest inhalants 'flu treatments medicated confectionery analgesics topical analgesics muscular pain relievers indigestion remedies stomach upset remedies laxatives anti-diarrhoeals ibuprofen travel sickness remedies skin treatments anti-acne products antiseptics lip care products insect sting treatments sunburn treatments vitamins dietary supplements eye care products foot care medicated oral hygiene ear care pregnancy tests. Other Products and special sections: sanpro contraceptives nappies toilet tissues facial tissues wipes baby care hosiery POM to P products herbal/homoeopathic remedies natural remedies aromatherapy



Please invoice me for 1 copy of The Benn OTC Healthcare Report at the special pre-publication price of £325. TICK BOX

or Please send me more details to: TICK BOX

Name.....

Company.....

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Return to: Benn OTC Report, Chemist & Druggist, Benn Publications Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW.

Around the solutions

The myriad of contact lens solutions on the shelves can be confusing at the best of times. But when a customer wants advice on whether one product can be replaced by another, the pharmacist is one of the most popular ports of call.

There are some two million inquiries at pharmacies annually — which means that every contact lens wearer seeks advice on average once a year.

Salines

Despite popular belief, not all salines are the same. There are three types — unbuffered, phosphate buffered and borate buffered.

The buffered salines have a pH equal to that in the eye. If the saline is not buffered to a pH compatible to the eye, stinging may occur in some sensitive individuals. Anyone finding a problem with an unbuffered saline should be advised to use a buffered saline instead.

Phosphate buffered saline maintains the correct pH, but boiling soft contact lenses in this saline can result in milky deposits of calcium precipitating on the lens causing cloudiness. This saline is quite safe when used for general everyday use with recommended solutions.

Borate buffered saline causes no deposits and also maintains a pH equal to the eye.

Some of the saline products state that they should not be used for cold disinfection. This simply means that the saline alone will not disinfect the lens cold: an extra cleaning or disinfecting solution is needed, or boiling.

Care regimes

The contact lens care regimes come in two different types: oxidative systems or cleaning and soaking systems.

Oxidative systems These include 10-10 and Oxysept. There are two steps to this process, the first being cleaning and disinfecting.

A hydrogen peroxide solution cleans and disinfects the lenses, but then the lens must be neutralised in the second step before insertion into the eye. Chemical burning will damage the eye if the lenses are not neutralised.

The two steps must be carried out following the manufacturers' instructions, and it is unwise to substitute an unrecommended product into the system. There is no need for a saline in this system.

Cleaning and soaking These systems generally also involve a two-step process but the solutions used are more interchangeable.

A surfactant cleaner (LC65, Miraflow, Pliagel or Transclean) is used by direct rubbing on to the lens to remove deposits built up over the day's wear followed by rinsing with saline.

The lens can then optionally



When the Monopolies and Mergers Commission decided to allow contact lens products to be sold through all retail outlets, it ruled that words should be incorporated on the pack to say that a product should not be switched without consulting an optician. Currently products being sold into grocers are over-stickered with the warning, but eventually it will be incorporated into the on-pack wording.

But the pharmacist will not be prevented from recommending an equivalent brand — for example in a situation where they do not stock the brand needed but know that another brand is equivalent. The wording is incorporated as part of a GSL licence and does not apply to pharmacy sales, said the Department of Health press office.

The ruling reads that: "Packs to be sold through general sales outlets should include any additional advice or label warnings necessary for the safe use of lens and care products". It is up to the pharmacist's discretion whether to recommend an equivalent brand, they added.

be stored in a soaking solution (Contactasok, Transok). A chlorine releasing tablet, such as Softab, can be used instead of the liquid surfactant cleaner for soft lenses.

Some systems only use an all-in-one product, like Total. Other products available are wetting solutions or comfort drops, which make the lenses easier to insert and more comfortable to wear.

Always read the on-pack information. There are many products that can only be used on either soft or hard (and gas permeable) lenses. Using a hard lens product on soft ones can lead to irreversible damage and the need for the lenses to be replaced.

Contact lens cases are recommended to be changed every six months. Allowing the case to air dry can reduce contamination.

Market trends

The trend in contact lens wear is moving towards the frequent replacement lens, according to the companies which manufacture lenses.

Soft lenses maintain a 45 per cent share of the market and frequent replacement lenses are taking 35 per cent. Gas permeable lenses have the balance of the market, with hard lenses accounting for only 0.5 per cent.

Not all soft lenses are made from the same material and each different brand may have variable thickness, design and water content.

The same daily systems are used on frequent replacement lenses which require the same degree of care.

New 1-Step for Oxysept

Allergan's Oxysept range now combines the two-step process into one step making it easy to use and very portable, says marketing manager Andrew Tasker.

Oxysept 1 Step comes in a 24-day combi pack containing Oxysept 1 disinfecting solution, 1 Step neutralising tablets and a lens case. The combi pack retails at £9.58.

With the new system, the lenses, disinfecting solution and neutralising tablets are placed in the lens case together. After two hours the lenses have been disinfected and are ready to wear, there is no need for any further neutralisation steps.

The 1 Step system works because the tablets used have a time-release coating. The disinfecting solution is released by the tablets for the first 40 minutes to remove any dirt or bacteria from the lenses. Then the tablet coating breaks down to release the neutralising solution over the following 80 minutes. The lenses are ready to wear once the neutralisation has taken place. The lens case

has tiny holes in the top to allow oxygen to escape during the process.

In October and November, Allergan are running an advertising campaign in national and women's Press for the Oxysept range.

The company have produced a series of educational and

product-related slide presentations for pharmacists and assistants including "Ocular health" and "Contact lenses — cleaning and disinfecting".

Allergan's helpline (tel: 0494 444722) is available during normal working hours to answer any queries consumers may have on their range.



The contact lens monopoly

Our eyes may seem to be a priceless commodity — but not if you have a monopoly on the market. *Chemist & Druggist* looks at the effect of the Monopolies and Mergers Commission report on contact lens solutions

In May this year, the Monopolies and Mergers Commission published its report on the supply of contact lens solutions. They found that one manufacturer — Allergan — and one retailer — Boots — were exploiting their monopoly position in the market. Ciba Vision were also named as having a scale monopoly, but were not found to be exploiting that fact.

The report said that a complex monopoly existed among retailers (opticians and pharmacists) generally in the pricing of solutions, and that this situation operated against the public interest.

The report recommended that product licences should change to open up the market to all retailers. Manufacturers were told they could change their product licence but there was no obligation. The report also stated that if the monopolistic position did not improve, price controls would be imposed.

Licence changes

The main players in the market were therefore left with no real option other than to change the product licences held on their contact lens solutions.

Products sold through grocery outlets must state on the packaging that consumers must not change brands of solutions without consulting their optician, but this will not affect the pharmacist's advice (see p729).

To date, the only companies to have applied for a change in product licence are Ciba Vision and Allergan. Between them they hold around 70 per cent of the solution market. The remaining companies in the market have decided to supply their products solely through opticians and pharmacies as before.

Ciba Vision support the move to widen the availability of contact lens solutions. But they still feel that the optician and the pharmacist are the most important people to sell them



because they have expert knowledge of the products.

Dave Knight, head of marketing at Ciba Vision, emphasises the need for the pharmacist to work hard not to lose customers in this market.

The pharmacist has the knowledge available on the products and, when used with display and point-of-sale material, there is no reason why sales should be lost. Ciba Vision intend to support the pharmacist fully, says Mr Knight.

The key thing to remember, he says, is that the sale of contact lens solutions is a linked sale — that is, the consumer

must wear contact lenses to have a need to buy the product.

This means market size will remain the same, regardless of where the products are available. Very few new sales, or none at all, will be created by selling the products through other retail outlets.

The situation will simply be a "re-cutting of the cake" and pharmacy could be one of the areas to lose out if an effort is not made to maintain sales.

Cut-price Tesco

Ciba Vision products are already in Tesco, with a 30 per cent discount being offered. Originally Ciba Vision products

were withdrawn from Tesco when they realised products were being displayed on gondola ends before the licence change, which was of course breaking the law. But supply is now back to normal, and Ciba Vision are happy to supply their products to Tesco.

Mr Knight feels that promotions such as the current one in Tesco will not continue because the market is limited in size. Also the value of the contact lens care market is small compared to some brands the supermarkets deal with, and it would not be financially viable for them to continue promotions.

Andrew Tasker of Allergan also holds this view: "In the short-term, there will be some aggressive pricing activity by the supermarkets in their endeavour to secure market share."

"The percentage of the market which the supermarkets gain will depend on the response of the pharmacy and optical segment. The present dramatic price variations will probably subside within six months."

Safeway took in a limited range of contact lens care products from September 12, with a complete range being stocked in those stores with pharmacies.

Not appropriate

Alcon, one of the companies which has decided not to make any changes to their product licences, say they "do not believe that opening up the sale of contact lens solutions to all retailers is appropriate in the present market circumstances". They believe professional advice to be essential to the supply of such products since not every product is suitable for every lens wearer.

Alcon intend to stay competitive within the changing market by moving towards complete care packs which they believe is the way forward in providing cost-effective lens care.

Unichem are not extending their product licences for sale through all retail outlets as they believe technical advice should be on hand for the customer. But they are introducing a 30 per cent better value pack to produce competition within the pharmacy sector of the market.

Boots the Chemists, who currently command a high percentage of the contact lens solution market, say it is in the public interest to be able to purchase solutions from retail outlets, but only where sound advice is available from trained staff. Boots will continue to include contact lens solutions in their ongoing promotional programme.

Opposition

The Association of British Dispensing Opticians is strongly opposed to the MMC report and the idea of contact lens solutions being sold in all retail outlets.

"Enough damage is already being done by people not looking after lenses properly, even with the right solutions. But with a freedom of choice from the supermarket shelves, the chance of damage to the eye increases."

"It is much better for the products to be sold in an outlet with an optician or pharmacist present where at least consumers can ask for advice if they need it."

The ABDO would be happy for its membership to deal only with the companies that were not supplying products to the supermarket chain if the market became very competitive.

The policy of the ABDO is to advise their members to make

the patients fully aware of the cost of the whole system they will be using before they buy the lenses.

An EC Directive, expected to be implemented on January 1, 1995, will bring all European product licences into line. After this date, licences will be standardised so that a licence issued in any European country will be valid throughout Europe.

This will open the market to many new products which are currently marketed in Europe but not available in this country yet because of our strict product licences. Many of these products are a newer generation than those currently marketed here.

It is unlikely that any new companies will be created through this extension of the market because most of the products currently on sale in Europe are manufactured by those who currently make the products on offer in the UK.

But, after 1995, the market is expected to change beyond recognition.



Keeping an eye on customers

Minor eye diseases are relatively easy to treat in the pharmacy but differentiating one condition from another and knowing when to refer can be more difficult.

The eye is such a sensitive organ that many people can become quite squeamish about touching or examining it. For this reason, conditions of the eye often appear to the sufferer to be much more serious than they actually are.

Eye structure

The conjunctiva is a thin mucous membrane which lines the eyelids and covers the outer region of the eyeball. The remainder of the eyeball is protected by the cornea.

The cornea is a transparent, fibrous coat through which the iris and pupil can be seen. The sclera protects the eye, forming the white coat of dense fibrous tissue that covers all the eyeball except the iris, forming the white of the eye.

The pupil lets the light into the eye and the iris adjusts to allow the correct amount in, depending on external conditions. The light is focused by the lens in the eye on to the retina at the back of the eyeball.

The eyelids shade the eyes during sleep, protect the eyes from excessive light and foreign objects, and spread lubricating secretions over the eyeballs. Eyelashes protect the border of each eyelid. Sebaceous glands at the base of the hair follicles (sebaceous ciliary glands or glands of Zeis) pour a lubricating fluid on to the follicles.

Eye diseases

The painful, red eye can have three main causes. The outer

part of the eye can be inflamed (the conjunctiva or the eyelids), the inside of the eye can be inflamed or a blockage of the fluid inside the eye may have occurred.

An infection of the external region of the eye can probably be easily treated within the pharmacy but either of the other conditions needs urgent medical attention. Inflammation of the inner eye is usually **acute iritis** and a blockage in the eye is **glaucoma**. Both conditions need fast treatment if they are not to cause irreparable damage.

The pain associated with iritis or glaucoma is intense and comes from within the eye itself, but pain associated with conditions of the outer eye is much less severe and often itching and irritating rather than painful.

If the patient reports any visual disturbance at all, the case should be referred to a GP.

An examination of the eye, if it is possible, could reveal an underlying disease. If, when looking at the cornea, any cloudiness is seen appearing as areas of smokey white discoloration, this may indicate inflammation inside the eye. If the pupil does not contract normally to light or is not completely round, then iritis is a possibility.

Conjunctivitis is inflammation of the conjunctiva most commonly caused by *Staphylococcus aureus*. The affected eye will generally be described as itching and gritty, and will appear red and watery.

With bacterial conjunctivitis, there is a discharge which is most apparent on waking, when the lids can stick together. Vision should not be disturbed by conjunctivitis, although the eyes can become slightly more sensitive to light.

Bacterial conjunctivitis can be treated with anti-bacterial drops such as Brolene or Golden Eye.

Allergic conjunctivitis is caused by a reaction to an irritant, for example pollen or cosmetics. The discharge seen with this type of conjunctivitis is more watery. Allergic conjunctivitis can be treated by antihistamine drops such as Otrivine Antistin.

Viral conjunctivitis will not respond to anti-bacterial drops or ointments. Anyone presenting with conjunctivitis that has not cleared up after one course of OTC treatment should be referred to the GP.

Styes are an inflammation of the glands at the base of the hair follicles of the eyelashes. An external sty will point through or near the base of the lash. Within a few days it will burst and exude pus, resolving the sty.

Treatment, although not always necessary, can be with an anti-bacterial ointment. The use of such an ointment will prevent the infection spreading.

An internal sty will present as a hard red lump and will have a longer history than a simple external sty. Here the infection subsides and the lump does not burst, making re-infection common.

If a sty does not resolve on first treatment with a suitable OTC product, then it should be referred to the GP.

Blepharitis is a more generalised inflammation of the glands of the margins of the eyelids. This condition can be longstanding and the result of an allergy or a form of dermatitis. Infective blepharitis can also occur, which should be treated by the doctor with antibiotics.

Optrex eyes up the future



Optrex has a 77.7 per cent share of the eye care market ⁽¹⁾, is among the top ten selling OTC products during the Summer months ⁽²⁾, enjoys a 96 per cent level of awareness and is currently used by over one fifth of the UK population ⁽³⁾. With these impressive credentials it is no surprise that Optrex is a firm favourite in the nation's medicine cabinet.

But just how much do pharmacists know about the leading eye care brand? Here we profile Optrex, and ask Chris Hayes, senior product manager, to explain some of the key points behind the brand.

Q. What minor eye problems are most likely to be presented in the pharmacy and how can Optrex help?

A. Everybody will suffer from minor irritations of the conjunctival membrane at some time in their lives.

When people's eyes are affected they are quick to seek help and the local pharmacy is most likely the first port of call.

This is why proprietary eye preparations, such as those from the Optrex range, are essential for the pharmacist.

Optrex gives fast, effective relief for sore, tired and irritated eyes which can result from exposure to a variety of everyday situations — such as city air pollution, the glare from harsh lighting, small particles of dust and smoke, or the drying effects of central heating and air conditioning.

Minor irritations may also be caused by eye fatigue from



close work, the concentration required for driving, or using a VDU screen.

Q. Patients often complain of dry, sore eyes. Is Optrex suitable?

A. Many minor irritations can make the eyes feel dry and sore and fast, effective relief can be obtained from products from the Optrex range which not only refresh the eye but also have a gently antiseptic and soothing action.

However, a distinction must be made between these common irritations and the minority condition of "dry eye".

Dry eye is commonly associated with rheumatoid arthritis, the menopause and particularly affects older people. It can be treated with an artificial tear supplement.

There are several similar products on the market including recent additions, although the generic hypromellose provides the most appropriate price point bearing in mind the age of those likely to be affected.

Q. Can contact lens wearers use Optrex?

A. Yes — the symptoms of sore, tired eyes which can be associated with wearing contact lenses can be quickly relieved by Optrex Lotion or Drops, although contact lenses should be removed first.

Lenses can be replaced after a short time.

Q. If a customer presents with red eye should Optrex be recommended?

A. Optrex is indicated for all minor irritations but it is not suitable for more serious conditions which may be seen in the pharmacy.

When a patient presents with red eye, careful questioning is needed to rule out the presence of potentially serious complications such as iritis, infections or glaucoma, which cannot be treated by OTC products and therefore require referral.

However, for minor conditions associated with temporary redness, Optrex Clearine Drops can be recommended.

Similar in composition to Optrex Eye Drops, the presence of a vaso-constrictor relieves redness and congestion.

Q. Are there any consumer preferences in terms of method of application?

A. Both the Lotion and Drops variants provide their own benefits for the consumer. Some patients prefer the larger volume "eye bathing facility" offered by the Lotion variant which can help remove any irritating matter in the eye.

Indeed this is a unique product not offered elsewhere in the marketplace. The drop format again has its own benefits.

It is easy to use and provides a high degree of portability

giving fast, effective relief whenever it is needed.

Although not a core product, Eye Masks are growing in popularity among consumers and are seen very much as a treat or pampering product.

Q. What benefits does the Optrex formulation have over other proprietary eye care brands?

A. The Optrex range contains the gentle, natural antiseptic — witch hazel — obtained from Hamamelis Virginiana.

Such astringents are well respected, traditional remedies for the relief of minor ocular irritations.

Indeed, research shows that more and more consumer prefer to use products which contain natural ingredients.

Witch hazel also has additional soothing and cooling properties, unlike other generic astringents such as zinc sulphate.

This agent also has an acidic nature and is therefore more likely to cause stinging than Optrex Lotion and Drops which have a neutral pH balance.

In addition, the Optrex range is hypertonic with respect to eye secretions, causing a transient increase in tear production which can help flush out any irritating matter.

For many people it also provides soothing relief from minor eye irritations. Some alternative brands are hypotonic which can dry up eye

Product information: Optrex Lotion and Drops Solution containing distilled witch hazel B.P.C 13.0% w/v. Preserved with Benzalkonium Chloride 0.005% w/v in a solution buffered with Borax and Boric Acid. **Uses** For the relief of minor eye irritations caused by dusty or smoky atmospheres, driving or close work. **Dosage and administration** Lotion: bend head slightly forward, apply the eye bath, 1/3 full, and rock the head from side to side for a least 30 seconds keeping the eye lids open. Drops: Gently squeeze 1 or 2 drops into each eye. **Contra-indications** Not suitable for use while wearing hydrophilic (soft) contact lenses. **Side effects** May occasionally cause hypersensitivity reactions. **Packaging quantities** Lotion: Bottle containing 110ml and 300ml G.S.L. Drops: 10ml and 18ml P.R.S.P. Lotion 110ml £2.75. Lotion 300ml with eye bath £3.99. Drops 10ml £2.25. Drops 18ml £2.85. **PL** Lotion 0062/S000. Drops 0062/S003 Crookes Healthcare Ltd, Nottingham NG2 3AA.

secretions causing additional stinging.

Q. How does Optrex's performance in the eye care market compare with competitors?

A. As the leading brand in the market with a 77.7 per cent sterling share, it is not surprising that Optrex's rate of sale is considerably higher than that of its competitors.

During the Summer selling period, Optrex, out-sells its nearest competitor by nearly six to one.

Translated into cash terms this represents a cash rate of sale per month of £48.10 compared with £8.50 (Independent Retail Audit, July-August 1992).

Also consider the usage levels of the brand. About 9.4 million people are currently using Optrex — that's over one fifth of the UK adult population — well over half have used Optrex in the past. Compare this with only 4 per cent of all adults ever having used Optrex's nearest competitor (RSGB).

Q. Are sales of eye care products likely to drop off now that we are entering the Winter months?

A. Although eye care is traditionally seen as a seasonal market, talk of a low season during the Winter months is misleading.

Minor eye irritations are just as likely in the Winter months as in the Summer.

For instance, they can be caused by the drying effects of central heating, the glare from harsh artificial lighting, working long hours at a VDU screen. Also cold and flu symptoms can leave eyes tired and sore.

This is backed up by the sales figures — the six-month period from September to February accounted for 47 per cent of Optrex sales (Independent Retail Audit September 92-February 93).

Clearly sales of Optrex are consistent throughout the year and are not reliant on waiting for the next seasonal burst.

Sales will further be driven by a strong consumer advertising campaign which is currently running and will continue until the end of November.

Next month also sees the start of a considerable commitment in terms of promotional resources behind the Eye Dew variant.

With the Christmas party season and the run up to Valentine's Day an important selling period for Eye Dew — a strong advertising campaign will begin in November and run until the end of February.

The brand will also be supported with an eye-catching counter unit in addition to a seasonal promotion utilising a specially developed advent calendar.



A tightly targeted advertising campaign is currently running as part of Optrex's £2.5m promotional support package

Q. Prospects for Winter sales look encouraging — is there any merchandising advice?

A. It makes good sense for pharmacists to take advantage of the data relating to Winter performance and the promotional support for the brand by maintaining strong facings and display for the brand.

Indeed the brand's performance against competitors clearly points to the need to display Optrex for impact, dividing space according to market share in order to maximise rate of sale and to take advantage of profit opportunities.

Dual siting of the Lotion variant in GSL displays for self-selection may be considered. It has been shown that this has a very positive effect in bringing new customers through impulse purchases.

In addition, making use of display material such as the Eye Dew counter unit will also facilitate purchase.

However, the rate of sale of Optrex, even during the Winter, does mean full stocking and constant replenishment of the total Optrex range is necessary. Otherwise sales can potentially be lost, especially during the period when sales are being driven by promotional activity.

Therefore, it is recommended that pharmacists reassess their stock holding and facing allocations to avoid possible lost sales.

Q. What plans are there for the future?

A. Optrex quite simply spells eye care. No other eye care brand can match Optrex in terms of market share, efficacy of product offering, and promotional support.

As the leading name in eye care, recognised by both the consumer and the pharmacy, Optrex is committed to maintaining its position as the main driving force behind the market.

We will continue to invest

heavily in product development and building brand awareness to take the eye care market from strength to strength.

Range offering

Optrex Lotion and Eye Drops are similar in composition and indicated for the relief of sore, irritated eyes caused by a variety of everyday situations.

For use with an eye bath, Lotion can also be used as a first aid measure for removing foreign bodies from the eye. Optrex Lotion is available in three variants, two with eye bath.

Eye Drops are available in two convenient, highly portable sizes for fast, effective relief anywhere.

Clearine Eye Drops — similar in composition to Optrex Eye Drops but also contain a vaso-constrictor.

They can be recommended for minor eye irritations

associated with temporary redness.

Eye Dew — a cosmetic drop developed to give eyes an extra sparkle — ideal for the forthcoming festive season. Eye Dew Clear is for clear brighter whites and Eye Dew Blue for bright sparkling eyes.

Eye Masks — growing in popularity, they are the ideal way to refresh, soothe and cool tired eyes. They also stimulate the sensitive skin around the eye where fatigue and strain are likely to show.



1 Independent Retail Audit
2 Independent Retail Audit May/June 1992
3 RSGB 1992



Production of Optrex was recently moved to a £6m computer-controlled, sterile manufacturing plant capable of producing millions of bottles every year in a 99.97 per cent dust free environment

Product information: **Clearine** Solution containing distilled witch hazel B.P. 12.5% v/v. Naphazoline hydrochloride B.P. 1968 0.01% w/v with (as preservatives) Benzalkonium Chloride Solution B.P. 0.008% v/v. Methyl Hydroxybenzoate B.P. 0.02% w/v. Propyl Hydroxybenzoate B.P. 0.005% w/v. **Use** For use of temporary relief of redness of the eye. **Precautions** Not recommended for use in children under 12 years of age. **Dosage** One or two drops in each eye, no more than four times daily. **Contra indications** Not to be used by persons suffering from glaucoma or serious eye diseases or persons who have had previous eye surgery. Persons being treated for high blood pressure, depression, heart disease, diabetes or increased thyroid gland activity should consult their doctor before use. Not to be used by contact lens wearers. **Side effects** May cause transient irritation and stinging. Continued use of this product may increase redness of the eye. **Packaging quantities** 10ml plastic bottle **P RSP** £2.65. **PL** 0062/0024 Crookes Healthcare Ltd Nottingham NG2 3AA

A spectacular performance

With the population of over 45-year-olds expected to grow in the next few years, could there be a boom in the reading glass market?

In a normal eyeball, the light entering the eye is focused on to the central fovea, sending a clear image to the brain of what we can see. But in many people this does not happen and so the need for some form of corrective eye wear arises.

Myopia (short or nearsight) and hypermetropia (long or farsight) are the common problems solved by opticians with corrective spectacles. In the pharmacy the more common eye defect seen is **presbyopia**, the inability to focus on nearby objects due to loss of elasticity of the lens with age. This condition usually begins in the mid-40s, and people who have never worn glasses before will find that they need reading glasses.

With increasing age, the lens becomes hardened and flattened and so a loss of accommodation occurs. Those

suffering from presbyopia usually first notice the inability to read small print at close range.

A simple magnifying glass relieves presbyopia — which is the principle behind the reading glass, in effect just a magnifying glass. So reading glasses purely correct vision impaired by presbyopia and no other condition. They should not be worn by any person with eye defects already present for which they wear spectacles.

Reading glasses are of no value when watching television or driving. They are not recommended for all-day use when close concentration is needed. Used in this way over a period of time could result in other eye problems arising.

The retail market for reading glasses is estimated at £20 million each year. There is a 44 per cent increase in the number

of people wearing spectacles over 40 years compared to the under 40 group. This sudden jump at the 40-year age barrier suggests that probably around 40 per cent of this group suffer from presbyopia.

At present only 5 per cent of the population have purchased reading glasses, but this figure is for the total adult population. In the 45-64 age group, 23 per cent have bought reading glasses. The population trend over the next three years shows an increase in the 45 plus age group.

What to stock

There are many ranges of reading glasses available and it may be difficult to select which range to stock. The essential points to look for are:

- The range must be sensibly priced for the area in which you are retailing. Prices begin from around £3 and go up to around £15.
- The design is very important and needs to have maximum market appeal. Most ranges only have around six styles so these must suit a wide range of people.

Very dark or heavy frames are

unlikely to appeal to most people, as are bright, colourful frames or metal frames which can look harsh on many faces. Frames which blend several colours will be more likely to suit blondes, brunettes, fair and dark skin alike.

Frame fashions are seen to be cyclical. Any frame is likely to stay in fashion for five to six years, according to opticians. A bigger frame will result in a larger and heavier lens.

- The nose bridge on the glasses should be big enough to fit on all nose sizes. A thin bridge will be uncomfortable for many people. Also, before you buy, run your finger around the inside of the bridge to ensure there are no rough edges to irritate.

- How many powers should be kept in stock? Some ranges have 0.25 dioptre differences between glasses, others have 0.5 dioptre.

A recent study showed that people were unable to differentiate between the 0.25 dioptre breaks. For example, the +1 dioptre and +1.25 dioptre were thought to be the same strength. The survey concluded that 0.5 dioptre jumps were the most sensible for a reading glass range.

- Consider the price of a starter pack in the range you choose, the ease of re-ordering and the display stands that are available for that range. Many companies offer a choice of these factors to suit the retailer. Starter pack

Pharmacy education pack from Brolene

Brolene eyedrops and ointment currently command 34 per cent of the Pharmacy only eyedrops, lotions and ointment market. Rhone-Poulenc Rorer are committed to developing their presence in this market, they say. Sootheye, the sister product to Brolene, is one of the ways they intend to develop the range.

The introduction of the Autodrop for the Brolene and Sootheye bottles adds "significant user value for the consumer and the pharmacist" says RPR. The Autodrop was introduced following trials at the Princess Alexandra Eye Pavilion in Edinburgh, which demonstrated that 81 out of 100 people testing the device found it to be helpful in installing drops.

On the heels of their successful educational programme, which featured the booklet *Caring for your Eyes*, comes RPR's £1.5 million investment this year. A pharmacist educational package is planned after recent research at Portsmouth University showed 75 per cent of pharmacists felt that they had received inadequate training in eye conditions.

The Brolene Pharmacy Educational Pack will be launched in mid-October in conjunction with a consumer campaign.

The pack will contain a wallchart showing how ocular conditions present, detailed treatment sections relating to each of these minor eye conditions and an easy-to-use reference sheet. There will also be a pull-out section of training material.



Legal matters

Reading glasses can only be supplied without the supervision of an optician in the following circumstances:

- the spectacle must have two single vision lenses of the same positive power, which must not exceed four dioptres
- the sale must be wholly for the purpose of correcting, remedying or relieving the condition known as presbyopia
- sales must not be made to any person under the age of 16 or any person who is registered blind or partially sighted.

Two further conditions apply from the Sales of Optical Appliances Order 1984:

- no spectacles can be sold which include celluloid or cellulose nitrate in their manufacture and all must comply with the relevant British standard
- the supplier should ensure that spectacles comply with the conditions relating to safety, serviceability and optical performance. The patient has a right to redress if the spectacles are unsatisfactory.

Ethical matters

Some pharmacists may be concerned about the ethical considerations of selling reading glasses. Concerns expressed by pharmacists include competing with another professional and discouraging people from visiting the optician for regular eye tests.

Direct Perception, manufacturers of a reading glass range, say: "We only sell reading glasses to pharmacy, and not through other retail outlets, because we believe the pharmacy is a good environment for the customer to receive help and advice on the range. The staff in a pharmacy are more precise and aware of the healthcare market and so are in a better position to advise customers on the range and present it in a professional manner."

On the matter of discouraging people from visiting the optician, Direct Perception say: "We believe it is ethically correct to sell the range through the pharmacy because a pharmacist is professionally qualified and regularly sells medicines safely, and so knows when the patient should be referred to an optician."

Peter Leigh of the British College of Optometrists expressed the concerns of his profession: "Our major concern would be that the sale of reading glasses may discourage people from having a proper eye examination. When people reach the presbyopic age, this is when the risk of eye disease increases and, if reading glasses appear as a cheap and easy way out of visiting an optician or optometrist, then health may be put at risk. We would encourage people to attend regular eye examinations even if they are purchasing reading glasses from other outlets."

are available from as little as £60 if you are looking to trial a single style to test the market, so shopping around is worthwhile.

Selling glasses

When trying reading glasses, the lowest strength should be tested first and increasing strengths should be tried until one is found where small print can be comfortably read.

Half eye glasses, generally worn halfway down the nose, may appear to be slightly different strengths but this is because the effective power of a lens is determined by the distance it is worn from the eye. When these glasses are worn they may seem comparatively weaker than other styles in stock.

Presbyopia worsens with age so older people are likely to need stronger glasses. Anyone who finds that they are not comfortable with the glasses or cannot achieve the correct vision with the highest strength should be referred to their optician as they may have a more serious eye defect.

Buying reading glasses is not an excuse to stop visiting the optician and regular eye check-ups can always be encouraged.

A new concept in buying reading glasses has recently emerged at Luton airport — a vending machine. ReadyspeX, the company responsible for the machine, say the installation has been successful in its first three months and they expect to see one at Heathrow soon.

The strength required is measured when the customer looks through a sight check machine attached to the vendor. They then select the frame and the glasses are dispensed, each pair retailing at £10.

Optrex campaigns again

The Optrex brand is a major player in the eyecare market, with nearly a 78 per cent market share worth £14.7 million. In the Summer season it rates as one of the top ten over-the-counter brands throughout the whole OTC market.

Although sales of Optrex peak during the Summer months, the brand maintains a year round profile with 47 per cent of sales occurring between September and February.

Chris Hayes, senior product manager for Optrex, says the boost in sales during the Summer months is probably due to the cooling effects of the lotion and there being more dust, sand and allergens in the air.

Crookes continue their support of Optrex with Press and television advertising worth £2m this year. The current Optrex advert will run until November and will then be succeeded by a campaign highlighting Eye Dew. This is the first time in three years that Crookes have put Eye Dew into the Press.

The Eye Dew campaign will feature the "boy next door" with a theme emphasising the eyes, following on the theme of previous Optrex campaigns. This campaign will be aimed at the 16 to 24-year-market in the Press and teenage Press.

Other promotional activity leading up to the peak Christmas selling period will include an advent calendar for pharmacies and sampling through the teenage Press. A merchandising unit will be distributed to independents for the Christmas period.

Optrex Eye Masks are beginning to grow in popularity, say Crookes, despite having limited distribution. Currently Crookes use the eye masks in sampling campaigns, for example reader write in offers in consumers magazines.

Crookes are in their second year of a three-year sponsorship campaign with the Amateur Swimming Association (ASA) on behalf of the Optrex brand. They are hoping that next year they can repeat the success of the Optrex World Challenge in Sheffield.



Ciba Vision puts lens care into the supermarkets

The Ciba Vision range, which includes 10-10, is now distributed through supermarkets following the Monopolies and Mergers Commission claim that the company, together with Allergan, had the monopoly on the contact lens care market.

But Ciba Vision are not planning any special prices or deals as a result of the price cuts seen already throughout many of the large supermarket chains.

Advertising is not common in the contact lens care market. Ciba Vision claim that their biggest expenditure is on starter packs given free by opticians when a person first wears lenses. The theory behind this is that if someone starts on a system, they generally tend to stick with that system for the duration of contact lens wear.

So, by supplying starter packs, Ciba Vision almost guarantee custom for life. Over £1 million is spent on these starter packs each year by Ciba Vision alone.

Most support from Ciba Vision is put behind the 10-10 range as that is the most advanced range from the company.

Last year, it advertised disposable contact lenses in the women's Press for the first time and the effect was "staggering", they say. Although, at the end of the day, the decision on the prescribing of contact lenses is the optician's, the demand for disposable lens grew substantially.

Discount lens range from Unichem

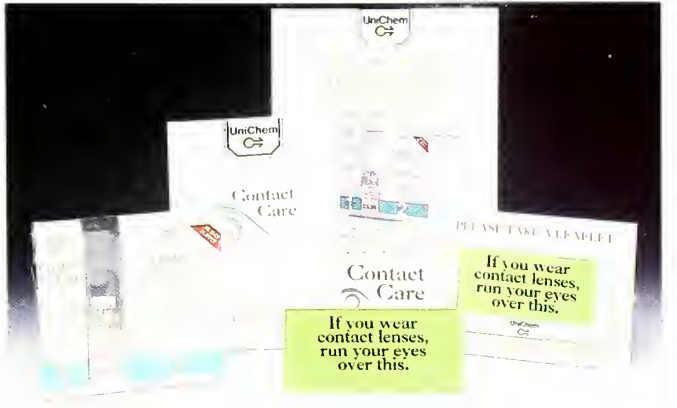
Unichem's new contact lens range, sold exclusively through pharmacies, offers the consumer 30 per cent better value for money when costed on a per day of usage basis, according to the company.

The Unichem range includes Step 1 disinfecting solution (250ml, £3.09), Step 2 rinsing and neutralising solution (30 x 15ml, £5.35) and lens cases (£4.15).

A trial pack retailing at £9.99 includes one each of the products mentioned above.

Unichem have no plans at present to apply for a change in the product licence on their contact lens care range so it will remain exclusive to pharmacies. They believe that products intended for use in the eye should not be sold through outlets where there is no competent technical advice immediately available.

Unichem say they intend to support pharmacies as the exclusive customer base, and remain competitive in the marketplace on the quality and value for money offered by their lens care products.



Refresh dry eyes

Earlier this year, Allergan launched Refresh for dry eyes. It comes in sterile unit vials which are portable and hygienic.

Retailing at £3.95 for a 30-unit pack, the cost per treatment to the consumer is 13p, less than traditional eye bath remedies, according to the company.

In the next phase of consumer advertising beginning this Autumn, Allergan will focus on the party season, dry eye sufferers and VDU operators.

Scotia on the verge of successful share offer

Scotia, the healthcare company best known for its evening primrose oil products, are on the brink of an oversubscribed share offer that promises to inject badly needed cash into its pharmaceutical R&D activities.

Trading starts on October 25 when the company is fully listed on the London Stock Exchange after keen interest from European and US institutional investors.

As the offer was five times oversubscribed, it was extended from £30 million-worth of ordinary shares to £40.6m, or 14 million shares at 290p per share.

Dr David Horrobin, chief executive and Scotia's co-founder, says: "We made presentations to about 200 institutions. Two-thirds came in with bids, an unusually high striking rate."

He was particularly surprised about the level of interest from US investors in the £8m-worth of shares offered to them.

Since the company was founded in 1979, Scotia have spent £39m on R&D, £30m generated internally from sales of over-the-counter nutritional supplements.

But the days of OTC sales propping up cash-hungry pharmaceutical R&D are numbered. Scotia's OTC division, Efamol, saw sales drop 18.8 per cent to £6.5m last year, due largely to suspension of sales in the US.

Efamol EPO was originally classified as a food additive and not a food, so it needed Food and Drug Administration approval. But two US Federal Courts of Appeal overturned the ruling,



Dr Horrobin: 'high strike rate'

allowing Efamol back into the US.

Although it has been on US shelves for a month, the episode has left a gap in Scotia's finances, which has debts running at £8.3m. This is in addition to a £7.5m R&D bill that is expected to climb to £10m by the end of 1996. But this expenditure is essential if any of Scotia's five drugs currently at stage III clinical trials are to make it to market.

Ahead of the league is EF4, for diabetic neuropathy, described by Dr Horrobin as a "completely untapped and untouched market". Although Scotia have submitted data for 100 patients from a 600-strong trial, the Department of Health is asking for the rest, which will not be available until the end of the year, at the earliest.

Also at stage III is EF13 to treat pancreatic cancer; EF27 to increase tolerance to radiotherapy; EF5 for rheumatoid arthritis; and EF12 to prevent restenosis after angioplasty.

• Details are now emerging about Efamol's UK marketing and distribution agreement with Zyma, Ciba's self-medication division (C&D October 16, p686).

Zyma takes over on November 1 with what Les Wood, sales director, says is a simplified ordering procedure.

Previously, Windsor Healthcare would sell to retailers, which would then transfer orders to the wholesaler. Britannia would be responsible for stocking.

Now Zyma's own reps will be visiting 7,300 independent pharmacists every eight weeks, selling Efamol brands as part of their portfolio. Transfer orders will mainly be used, although there will be some direct ordering.

"Zyma has a substantial presence in the OTC field and that really is the most important thing," says Dr Horrobin. "It is more important than experience in the vitamin/mineral supplement area."

Scotia and Zyma are looking to expand Efamol's appeal outside the core 20 to 45-year-old female consumers who buy the brands.

They plan to do this with a series of new products, one for older, menopausal women who suffer from osteoporosis; another for older men with cardiovascular and prostate complications; and a third for children with skin problems. All will be available in 1994.

Scotia is also developing gamolenic acid-enriched baby-milk to mimic mothers' own. A version is already sold in Japan but needs to be reformulated for the UK market.

BMS drug deaths in Japan

Three people have died in Japan after taking Bristol-Myers Squibb's antiviral drug Usevir, the only licensed alternative to Wellcome's Zovirax.

All three patients were also taking fluorouracil, despite the combination being contra-indicated.

Usevir is also known as BV-arau and was only recently launched in Japan, where it is being marketed by Nippon Shoji under an agreement with Yamasa Shoji.

Despite the fatalities, BMS do not expect current US stage II/III clinical trials in immunocompromised patients to be delayed or stopped. But some analysts expect the drug to be completely withdrawn from Japan.

Sales are rising

Two-thirds of pharmacies saw sales volumes rise in the year to September even though current turnover is well below the seasonal average. The same number also say they placed more orders with suppliers.

These are the results of the latest Confederation of British Industry's Distributive Trades Survey, which paints a similar picture for the 12 months to October.

R&D labs open

Zeneca and Smithkline Beecham both opened pharmaceutical R&D laboratories this week. Zeneca's £20m investment was for a cancer and cardiovascular R&D facility at Alderley Park, near Macclesfield, Cheshire. SB opened a £7m analytical sciences laboratory at its chemical development site in Tonbridge, Kent.

Address changes

Grafton International have moved to 5-12 Birchbrook Park, Shenstone, Staffs WS14 0DJ; tel: 0543 480100.

From October 25, Thames Valley Medical will be changing their name and relocating to new premises. They will now be known as TVM Healthcare with the new address: Flagstaff 42 Business Park, Ashby de la Zouch, Leicestershire LE65 1DW; tel: 0530 565100.

Also on the move are General Designs. They are now at PO Box 38, Kingston, Surrey KT2 7YP. Tel: 081-336 2323.

AAH buys more pharmacy outlets

AAH Retail Pharmacy have just taken over two outlets in the small market town of Highbridge, Somerset, one of which will be relocating to a new health centre.

AAH closed the deal on the two High Street shops for an undisclosed sum that managing director Allan Orme calls "mutually acceptable". Papers were signed on October 15.

Both pharmacies are currently situated on Market Street, but the one trading under the name Fred Orchard and previously owned by

John Channon will move to a recently completed health centre about a mile away.

Mr Orme says AAH has already received planning permission for the move, which is expected to take place within a month.

The other shop belonged to Brian Purnell, a sole trader.

This latest transaction follows a £500,000 payout for the Healthcare (North East) chain of six outlets this September.

"These are six fairly small shops in the North East with potential," says Mr Orme, "and

are secondary sites in the main."

Two are in Gateshead, South Tyneside; another two in Seaham, County Durham; and one each in Lemington, Tyne & Wear; and Brandon, County Durham.

All are AAH managed shops which should be trading under the name Hills Pharmacy before Christmas. AAH is in the process of giving all its managed outlets the Hills name.

This brings the total number of AAH pharmacies in the area to 44, 34 of them managed and ten franchised.

Eric's on television!



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Rhône-Poulenc shares for sale

Rhône-Poulenc has been singled out as the next French company for privatisation and should raise FF15 billion when it is floated in the coming weeks.

Maws sold to buyout team

Addis have sold their Maws and Culmak ranges of baby products and shaving brushes to a management buyout team.

The new company, known as The Maws Group, have bought fixed assets, stock, intellectual property and the brand names for an undisclosed sum.

They will shortly be appointing a new distributor, moving to a site near Hertford, and launching a range of products in 1994.

The externally-funded buyout was led by Lindsay Rutherford, previously managing director of a leisure company which concentrated on private sports clubs. He is now managing director.

Funding was provided by four private investors, with no institutional investors involved, says Mr Rutherford. The buyout team holds 45 per cent of the new company's ordinary shares.

The 43 per cent government-owned pharmaceutical and chemical company will be sold off once the dust has settled from the Banque Nationale de Paris share offer.

Last January, the Government sold 10 per cent of R-P in an over-subscribed offer and, after the current sell-off, the Government will be left with no shares.

The flotation will be in four parts. There will be a public share offer in France for individual investors; an allocation for French and overseas institutional investors; separate allocations for current and former R-P employees; and shares for an enlarged group of what the company describes as "stable investors".

These are institutions that hold shares for a specified length of time and include the bank Credit Lyonnais, which holds 7.5 per cent of shares, and the insurance company AGF, which holds 7.7 per cent.

"Stable investors" currently hold 18 per cent of shares but are being invited to buy a further 6 per cent, as are other financial institutions.

The share prices had not been set at the time C&D went to Press.

Telefax alert

Pharmacists should beware of unsolicited subscription forms from World Data Ltd which closely resemble British Telecom bills in colour and layout.

The Telefax Service subscription forms and the "stub to

accompany all payments" feature the words "Total amount now due £375" and include a reference to the fax number of the addressee. The true nature of the form is only made clear on the reverse of the sheet, which carries the phrase "our company is in no way related (sic) to British Telecommunications. This is an offer for a subscription in the Telefax Guide".

The Office of Fair Trading have received complaints about the Telefax Service, but it is difficult for UK authorities to take any action against a company that mails from abroad as it is outside their jurisdiction. The advice of the OFT and the Department of Health to pharmacists is to read any "invoices" carefully.

Pharmacist administrator at the National Pharmaceutical Association John D'Arcy says the problem had been brought to his attention by a number of NPA members in the London area.

The problem of unsolicited "invoices" for unrequested entries to directories occurs annually, says Mr D'Arcy, although "previously they have not been so deceptive". He has warned pharmacists to examine "bills" carefully.

IN THE CITY

The stock market has continued to scale new heights on hopes of interest rate cuts next month. Although blue chips have made a strong advance across a broad front, pharmaceutical stocks have continued to lag the market by about 15 per cent since the beginning of the year.

Shares in Wellcome and Smithkline Beecham have been in the limelight thanks to investor interest concerning a major conference on anti-infectives in New Orleans, US. Both companies have been attracting buyers from across the Atlantic on hopes that they will announce new product developments at the conference.

In addition, Wellcome received a fillip after sales of Usevir, a herpes drug made by Bristol-Myers Squibb, were halted in Japan this week. The drug is the sole rival of Wellcome's Zovirax and was launched last month. Since then there have been three deaths and some analysts believe it could be withdrawn, leaving the field clear for Wellcome. The news emerged as Salomon Brothers, the influential US investment house, are thought to have turned positive on Wellcome.

Meanwhile, rumours that Zeneca were planning to launch a takeover bid for Fisons have fizzled out. Both companies' shares have seen active trading in recent weeks but could come in for some profit-taking.

Medeva, which were hit by US regulatory moves earlier this year, have also been in demand. There is talk that at least one City broker — thought to be Societe General Strauss Turnbull — are warming to the stock. It is believed that the company could be over the worst of its problems and may soon attract bargain hunters. But trading remains volatile.

Lloyds Chemists have remained in the doldrums. Although the shares experienced a good run after their full-year result, the group has yet to overcome the market's caution about long-term potential. Earlier this week the company was due to host an important dinner for City analysts to spell out its growth strategy, but some brokers remain sellers of the stock. In a recent investment circular, Kleinwort Benson Securities said the share should be sold, despite forecasting an increase in taxable profits from £50 million to £56m for the current year. The firm believes that Lloyds' retailing business faces slower growth partly because of limited scope for adding new chemist stores.

Coming Events

Monday, October 25

Aberdeen and North Eastern Scottish, RPSGB, at The Golden Cairns, Azurite Suite, 7.30pm. "Independence, information and the need for interfaces", by Ann Marie Noble, information/data protection officer, Grampian Health Board.

Tuesday, October 26

Leicestershire Branch, RPSGB, at the postgraduate medical centre, Leicester Royal Infirmary, 7.30 for 8pm. "Health of the nation — the Leicestershire plan", by Tony Jarvis.

Wednesday, October 27

Scottish CPPE meeting at the Clarke Building, Robert Gordons University, Aberdeen at 7.15pm. "Drugs of abuse", by Mr W. Harrison.

Thursday, October 28

Dundee and Eastern Scottish Branch, RPSGB, at lecture theatre 2, Ninewells medical school, 8pm. "Asthma care in general practice", by Clare Mackie, community pharmacist, Glasgow.

Advance information

Glasgow and West of Scotland Branch, RPSGB, are holding a charity ball at the Moat House Hotel on November 6. Details from R.

Hogarth, tel: 041-959 2196.

NPA North West Conference 1993 at the Lord Dewsbury Hotel near Warrington on November 7.

Cost Effective Purchasing in the NHS at the Gloucester Hotel, London SW7 on November 8-9. Details from IIR, tel: 071-412 0141.

Department of Pharmaceutical Sciences, "Clinical trials in perspective", a two-day residential course at the Hilton National Hotel Bracknell, Berks on November 9-10. Contact Dr Clements at the Society for details, tel: 071-735 9141.

Royal Society of Chemistry conference on "Instruments in support of health and safety" at the Eccleston Hotel, Eccleston Square Victoria, London on November 10-12. Further details from the Royal Chemistry Society, tel: 071-437 8656.

The Photo and Lab Expo at the Wembley Conference Centre, London on November 11-14. Further information from Photo Marketing Association, tel: 021-212 0299.

National Association of Senior Pharmacy Managers and Advisers conference on "Professional audit — you too can do it", on November 12. Details from Sue Ashwell, tel: 0530 492423.

Medica '93, medical trade fair in Dusseldorf on November 17-20. Further details from Christine Taylor tel: 071-794 0166.

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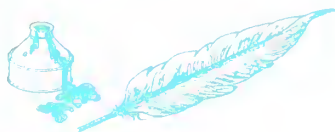
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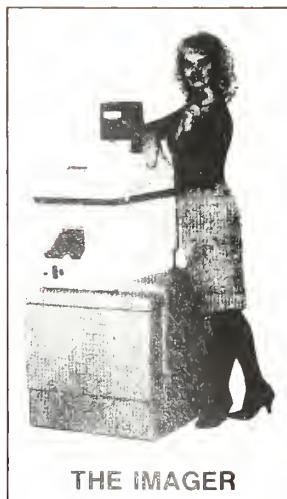
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EAST LONDON/ESSEX - Enthusiastic and reliable pharmacist available on Mondays and Tuesdays for long term or occasional bookings. Available at short notice if necessary. Tel: 081-534 1652 until 9pm or 071-473 0342.

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SOUTH MANCHESTER/STOCKPORT - Experienced locum available long or short term. Tel: 061-428 7710.

BUSINESSES FOR SALE

ESTABLISHED PHARMACY WIRRAL PENINSULA - Turnover '92-93 £355,000. NHS 3000 items per month. Freehold property with spacious living accommodation. Net profit £60,000. GAW fix and fits £155,000, property £65,000 - plus stock at valuation. Tel: 051-639 2352.

WEST WILTSHIRE, MARKET TOWN - Well established drugstore for sale, freehold premises with large living accommodation - £140,000. Tel: 0454 633867.

EXCESS STOCK

TRADE LESS 40%+VAT+POST - 13x10 Tegaderm 10cmx12cm dressings. Tel: 0226 286312.

TRADE LESS 50%+VAT+POST - Convatec 4x10 5242, 4x5 5246, 5x30 5903, 2x10 5412, 3x10 5414, 3x10 5271, 9x10 5272, 2x10 5279. Tel: 0705 520331/529415.

TRADE LESS 30%+VAT+POST - 43x100 Amorom 250mg caps (Exp 12/93), 2x50

Albustix strips (Exp 2/94). Tel: 081-767 6005.

TRADE LESS 30% - 86 Megace 40mg, 46 Cyklokapron 500mg, 100 Coracten 20mg, 70 Olbetam 250mg, 100 Lioresal 10mg, 9 Mictral, 48 Rifinah 3CO 2x100 Aldomet 500 (PI). Tel: 0773 713064.

TRADE LESS 25%+VAT+POST - 6x60 Fybogel mebeverine sachets - long expiry. Tel: 0245 264252.

TRADE LESS 50%+VAT+POST - Questtran sachets 2x168, Pregestimil (exp 11/94) 2x450g, Provera tabs 100mg (exp 6/95) 1x100. Tel: 081-527 2185.

TRADE LESS 30%+POST - 72 Ambaxin 400mg (exp 1/94), 84 Pondocillin tabs (exp 8/95). Tel: 081-889 0150.

TRADE LESS 40% - Coloplast 5935x30, 5635x90, Lyfoam A 10cm sqx10. Trade less 30% - Orap 4mg, Burinex A, Rehabin, Calcium Resonium - and many more. Tel: 0480 214355.

TRADE LESS 50%+POST - Trufree No.6 plain flour (exp 4/95) 1kgx8, Trufree No.8 self raising flour (exp 5/95) 1kgx10. Tel: 0332 45906.

TRADE LESS 30%+POST - 2x42 Questtran A, 4xHumulin I, 6xVelosulin U100 Pork, 2xBIOTROL 36-840, 161 Questtran, 271 Madopar Disp 125mg, 60 Analal suppos., 1x56 Catapres Perlongets. Tel: 0960 353253.

TRADE LESS 30% - 3x30 Hollister pouches 2119/D671. Tel: 0623 860256.

TRADE LESS 40% - 100 Rocalrol 0.5cg (exp 3/94), 56 Parlatal 500 (exp 12/93). Trade less 30% 130 Sabril 500mg (exp 4/95). Tel: 081-504 2973.

TRADE LESS 30%+VAT+POST - 5xSandostatatin 500 mcg/1ml, 40xPenmix 30/70 Penfill, 1x10ml Humulin S 100 iu/ml. Tel: 0452 522951.

TRADE LESS 30%+VAT - 2x56 Corwin tabs (exp 1/94), 1x100 Frohen tabs 100mg (exp 4/94), 2x56 Ventolin CR 4mg (exp 5/94), Desmosprayx3 (exp 3/94). Tel: 0606 49527.

TRADE LESS 40% - Sandostatatin 100 mcg (exp 3/96). Tel/fax: 0704 28437.

MAX FACTOR STAND - Plus stock, half price or will swap for up-to-date Rimmel stand. Tel: 0742 644455.

TRADE LESS 50%+VAT+POST - Coloplast 2x30 MC2000 5940, 1x30 5645, 4x30 5945, Convatec 2x10 5279, 9x10 5272, 3x10 5271. Tel: 0705 520331/529415.

TRADE LESS 20% - Pizazz aftershave, trade less 25% - Rite Diet bread with added bran (low protein) 12x250g. Tel: 071-609 0798.

TRADE LESS 40%+VAT - Didronel 200 gmx32 (exp 6/95), Rehabin 100gmx80 (exp 4/95), trade less 30% - Sinemet 275x99 (exp 9/94), half price+VAT - Brufen Granules x 55 (exp 11/93). Tel: 0983 522346.

TRADE LESS 40%+VAT+POST - 6x10 Colomycin injection 1,000,000 units, 5x7 Nicotinell 10 patches (exp 1/94), 100 Carbachol 2mg, 4x10 Convatec S363 Urostomy pouches 57mm. Tel: 0279 422909.

FOR SALE

VW GOLF - Reg G, mileage 25,000, red 5-door, 1.3 CL engine - [ster]4,800 ono. Tel: 071-928 0049.

LINK 2+ COMPUTER - Includes printer, tape-streamer and up-to-date software.

offers. Tel: 081-364 0250.

MEDIX WORLD TRAVELLER NEBULISER - Mains/car/battery £115 AAV 230 oxygen cylinder with adapter £150 Both as new. Tel: 0322 337445.

MAZDA 626 9LX 1.8 - J Reg, 8,000 miles, one owner. Expensive alarm, warm grey quick sale, £7950 ono. Tel: 081-769 3796.

MIRRORS - Unframed, plain and tinted - all sizes; full lengths and squares. All removed from shop walls, very cheap. £50 going for £15. Tel: 071-493 6133.

PHILLIPS 12" MONOCHROME COMPUTER '80' - Brand new, offers. Tel: 0706 627871.

WANTED

DISPLAY COUNTER - Chrome or aluminium preferably L shape. Tel: 0533 667393.

OXYGEN SETS - All offers considered. Tel: 061 928 1164.

OXYGEN MASK - Ventomask 24% oxygen mask. Tel: 021 747 2920.

DISPENSING BALANCE AND DRUG SCALES - With weights, also tumatic tablet counter and Martindale 29th edition. Tel: 041 772 0114.

ACCOMMODATION

LUXURY CHALET HOLIDAYS, SKI LE COLE - Chappelle D'Abondance - Port de Soleil, qualified ski instruction, cordon bleu cuisine, ensuite facilities, airport shuttle. Tel: 0482 668357.

ONE BEDROOMED FLAT LONDON W9 - Furnished with fitted kitchen and bath room. GCH £130/week. Tel: 081-969 6859.

PLEASE MENTION "C&D BUSINESS LINK" WHEN RESPONDING TO ADVERTISEMENTS ON THIS PAGE

Free entries in "Business Link" (maximum 30 words) are restricted to community pharmacist subscribers to *Chemist & Druggist*. No trade advertisements will be permitted. Acceptance is at the discretion of the Publishers and depends upon space being available. Send proposed wording to "Business Link" using the form printed below.

EXCESS STOCK CAUTION: Pharmacists are responsible for the quality, safety and efficacy of medicines they supply. In purchasing from sources other than manufacturers or licensed wholesalers, they must satisfy themselves about product history, conditions of storage and so on.

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Signed Date

Aboutpeople

Girls will be girls — after 20 years

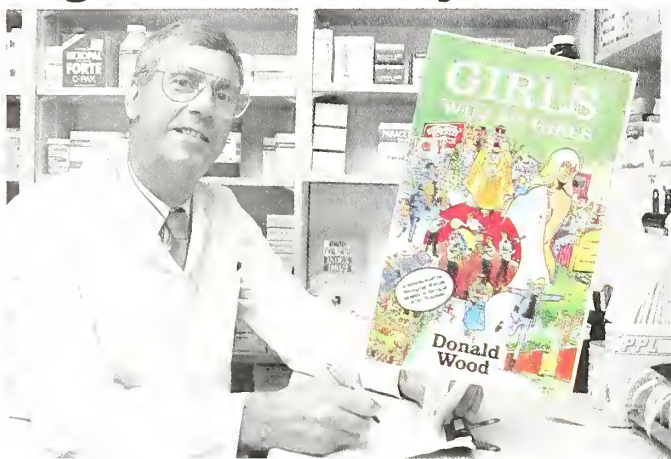
A 20-year hobby has finally come to fruition for Donald Wood, pharmacist proprietor, who sees his first book published this week.

Girls Will Be Girls is set in the 1960s, and examines the time when the dance hall was a favourite meeting place for young people driven by the urge to form romantic relationships.

The weekend, and Saturday night in particular, was a time eagerly anticipated by young men as an opportunity for indulging in the pleasures of sport, alcohol and social activities, often highlighted by their sexual connotations.

The book is published by Bridge Publications, who are local to Mr Wood in Barnsley. When the book was finished, it was only as a result of his wife's persistence that Mr Wood took it to the publishers. Mrs Wood is an English teacher and a member of the Barnsley Literary Society.

Mr Wood told *C&D* that he wrote the book because "pharmacists tend to be thought



of as a bit dull" — doctors, vets and lawyers have all written books.

"It's about time we pharmacists got more attention," he says.

Having spent 20 years on the first book, Mr Wood is not going to attempt another — at least not until after he has retired, he says.

He is currently too busy running his own pharmacy in Worsbrough, Barnsley.

A 1960s dance meeting in Barnsley library this week heralded the launch of the book.

It is available in hardback and paperback versions priced £12.95 and £4.95 respectively.

Just in time for coffee

Maxted Chemists in Coventry just about finished their re-fit in time to invite regulars in for coffee — and helped raise nearly £100 for charity.

They took part in a coffee morning, one of many being held across Coventry and Warwickshire, to raise money for the Macmillan Nurses. All customers who came in for a coffee gave a donation and Maxted raised a total of £92.68 in the morning.

It was only a few days previously that they had decided to participate in the event but, as the coffee morning coincided with the re-opening of the shop, they decided it would be a good idea.

"We didn't think we'd do it in time," said full-time assistant Carol McDermott. "The re-fit was more or less finished so everyone worked around the customers."

Community diploma awarded

Barbara Adie, Alison Baldwin and Susan Hind all received distinctions in the first community pharmacy postgraduate diploma course at King's College.

Barbara Adie now works for Optimum Healthcare Trust in Lewisham, Alison Baldwin is a pharmaceutical facilitator at Bromley FHSA, and Susan Hind works for an independent pharmacy in Leicestershire.

The course was completed by 17 pharmacists, with mixture of independent pharmacists, employee pharmacists and locums. Ana Horta Osorio even commuted from Portugal for six months to complete the course.



Smithkline Beecham chairman Henry Wendt (left) with Sir Geoffrey Holland, permanent secretary for education, in the laboratory where penicillin was discovered by Sir Alexander Fleming in 1928. The laboratory has been recreated and is now a permanent museum in St Mary's Hospital, Paddington. Smithkline Beecham have contributed £85,000 towards the cost in the hope that the museum will "stimulate interest in the sciences"



Ray Edwards (left), marketing director of Whitehall Laboratories, presents an £8,000 cheque to Richard Brewster (right) of the Spastics Society to enable 100 disabled children to have a holiday in Cornwall. Whitehall donated 20p to the Society for every Chap Stick seal returned. McEwan Chemists of Glasgow, the pharmacy returning the most proofs of purchase, won £500 worth of holiday vouchers

Appointments

Allergan have made two appointments to their marketing team: **Andrew Tasker** takes over as marketing manager and **Amanda Byrne** as senior product manager.

Shirley Price Aromatherapy have appointed **Regina Kirschbaumer** as representative for Surrey and Sussex.

James Beery is to take over as

general counsel and corporate secretary for Smithkline Beecham. **Robert Ball** has joined Starman Ltd as national retail sales manager.

Three non-executive members have been appointed to the South East Thames Regional Health Authority from November 1: **Guy Neely**, **Professor Arthur Lucas** and **Suzanne Warner**.

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women get
migraine,
and you're
the man
with
Migraleve...*

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PRESS
CAMPAIGN**

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As many as one in ten people are migraine sufferers.

For them, prompt relief can feel like a miracle. Only you stock Migraleve – the no. 1 treatment for migraine, the no. 3 strong analgesic in pharmacy.*

Stock more of Migraleve 12's and a lot more people could have a lot to thank you for.



It could make you very popular

KEEP ACID
WHERE IT
WORKS
NOT
WHERE IT
HURTS



If heartburn is left untreated, hydrochloric acid in the stomach's contents can cause *damage* to the oesophagus.

Gaviskon protects the oesophagus by forming a *physical alginate barrier* which keeps acid in the stomach – where it works, and away from the sensitive oesophagus lining – where it hurts.

Gaviskon stops acid reflux and relieves the pain of heartburn in 8 out of 10 patients.¹

Relieve the pain and reduce the damage caused by heartburn. Recommend **Gaviskon**.

GAVISCON
Keeps acid where it works
not where it hurts

Prescribing Information. Active Ingredients: Liquid: Sodium alginate BP 500mg, sodium bicarbonate Ph Eur 267mg, calcium carbonate Ph Eur 160mg per 10ml dose. Gaviskon 250 Tablet: Alginic acid BP 250mg, sodium bicarbonate Ph Eur 85mg, aluminum hydroxide gel BP 50mg, magnesium trisilicate Ph Eur 12.5mg per tablet. **Indications:** Gaviskon Liquid: Heartburn, including heartburn of pregnancy, dyspepsia associated with gas reflux, hiatus hernia and reflux oesophagitis. Gaviskon 250: Heartburn and acid indigestion. **Contra-Indications:** None known. **Dosage Instructions:** Gaviskon Liquid: Adults and children over 12: 10–20ml, children 6–12: 5–10ml liquid after meals and at bedtime. Gaviskon 250: Adults and children over 12: 2 tablets to be chewed thoroughly as required. Children under 12: Not recommended. **Note:** 10ml liquid contains 0.2mmol sodium. One Gaviskon 250 tablet contains 1.02mmol sodium. Both liquid and tablet forms of Gaviskon are sugar-free. **Retail prices:** 100ml £1.60, 200ml £2.86, 24 tablets £1.95. **Product Licence Nos:** 44/0058 Liquid Gaviskon, 44/0103 Gaviskon 250. **Legal Category:** GSL. **Product Licence Holder:** Reckitt & Colman Products Limited, Danum Lane, Hull HU8 7DS. **GAVISCON** and the sword & circle symbol are trademarks. **Date of preparation:** 1/3/93 **Reference:** 1. Chevrel B. (1980) *J. Int. Med. Res.* 8: 300–302.

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